

# The Town of Cross Roads Retail Food Establishment Inspection Report

Date: <b>11-16-22</b>	Time in: <b>0815</b>	Time out: <b>0924</b>	License/Permit #	Est. Type: <b>C. S.</b>	Risk Category: <b>Hotel</b>	Page <b>1</b> of <b>3</b>	
Purpose of Inspection:		<input checked="" type="checkbox"/> 1-Compliance	<input checked="" type="checkbox"/> 2-Routine	<input type="checkbox"/> 3-Field Investigation	<input type="checkbox"/> 4-Visit	<input type="checkbox"/> 5-Other	Total Score
Establishment Name: <b>C. S. K (Volero)</b>			Contact/Owner Name:		* Number of Repeat Violations: <b>0</b> ✓ Number of Violations COS: <b>0</b>		99
Physical Address: <b>7500 Hwy 377</b>			City/County: <b>Town of Cross Roads</b>	Zip Code:	Phone:	Follow-up: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

Compliance Status: **OUT** = not in compliance **IN** = in compliance **NO** = not observed **NA** = not applicable **COS** = corrected on site  
 Mark the appropriate points in the **OUT** box for each numbered item. Mark ✓ a checkmark in appropriate box for **IN, NO, NA, COS**. **R** = repeat violation. Mark an asterisk \* in appropriate box for **R**.

### Priority Items (3 Points) violations Require Immediate Corrective Action not to exceed 3 days

Compliance Status						Time and Temperature for Food Safety (F = degrees Fahrenheit)	R	Compliance Status						Employee Health	R		
OUT	IN	NO	NA	COS	OUT			IN	NO	NA	COS	OUT	IN			NO	NA
						1. Proper cooling time and temperature										12. Management, food employees and conditional employees knowledge, responsibilities, and reporting	
						2. Proper Cold Holding temperature (41°F/45°F)										13. Proper use of restriction and exclusion: No discharge from eyes, nose, and mouth	
						3. Proper Hot Holding temperature (135°F)										<b>Preventing Contamination by Hands</b>	
						4. Proper cooking time and temperature										14. Hands cleaned and properly washed/ Gloves used properly	
						5. Proper reheating procedure for hot holding (165°F in 2 Hours)										15. No bare hand contact with ready to eat foods or approved alternate method properly followed (APPROVED Y,N)	
						6. Time as a Public Health Control, procedures & records										<b>Highly Susceptible Populations</b>	
						<b>Approved Source</b>										16. Pasteurized foods used, prohibited food not offered. Pasteurized eggs used when required	
						7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction										<b>Chemicals</b>	
						8. Food Received at proper temperature										17. Food additives, approved and properly stored; Washing Fruits & Vegetables	
						<b>Protection from Contamination</b>										18. Toxic substances properly identified, stored and used	
						9. Food Separated & protected, prevented during food preparation, storage, display, and tasting										<b>Water/ Plumbing</b>	
						10. Food contact surfaces and Returnables: Cleaned and Sanitized at _____ ppm/temperature										19. Water from approved source; Plumbing installed; proper backflow device	
						11. Proper disposition of returned, previously served or reconditioned										20. Approved Sewage/Wastewater Disposal System, proper disposal	

### Priority Foundation Items (2 Points) violations Require Corrective Action within 10 days

Compliance Status						Demonstration of Knowledge/ Personnel	R	Compliance Status						Food Temperature Control/ Identification	R		
OUT	IN	NO	NA	COS	OUT			IN	NO	NA	COS	OUT	IN			NO	NA
						21. Person in charge present, demonstration of knowledge, and perform duties/ Certified Food Manager (CFM)										27. Proper cooling method used; <u>Equipment Adequate to Maintain Product Temperature</u>	
						22. Food Handler/ no unauthorized persons/ personnel										28. Proper Date Marking and disposition	
						<b>Safe Water, Recordkeeping and Food Package Labeling</b>										29. Thermometers provided, accurate, and calibrated; <u>Chemical/ Thermal test strips</u>	
						23. Hot and Cold Water available; adequate pressure, safe										<b>Permit Requirement, Prerequisite for Operation</b>	
						24. Required records available (shellshock tags; parasite destruction); Packaged Food labeled										30. <b>Food Establishment Permit</b> (Current & Valid)	
						<b>Conformance with Approved Procedures</b>										<b>Utensils, Equipment, and Vending</b>	
						25. Compliance with Variance, Specialized Process, and HACCP plan; Variance obtained for specialized processing methods, manufacturer instructions										31. Adequate handwashing facilities: Accessible and properly supplied, used	
						<b>Consumer Advisory</b>										32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used	
						26. Posting of Consumer Advisories; raw or undercooked foods (Disclosure/Reminder/Buffer Plate/ Allergen Label)										33. Warewashing Facilities: installed, maintained, used/ Service sink or curb cleaning facility provided	

### Core Items (1 Point) Violations Require Corrective Action Not to Exceed 90 Days or Next Inspection, Whichever Comes First

Compliance Status						Prevention of Food Contamination	R	Compliance Status						Food Identification	R		
OUT	IN	NO	NA	COS	OUT			IN	NO	NA	COS	OUT	IN			NO	NA
						34. No Evidence of Insect contamination, rodent/other animals										41. Original container labeling (Bulk Food)	
						35. Personal Cleanliness/eating, drinking or tobacco use										<b>Physical Facilities</b>	
						36. Wiping Cloths: properly used and stored										42. Non-Food Contact surfaces clean	
						37. Environmental contamination										43. Adequate ventilation and lighting; designated areas used	
						38. Approved thawing method										44. Garbage and Refuse properly disposed; facilities maintained	
						<b>Proper Use of Utensils</b>										45. Physical facilities installed, maintained, and clean	
						39. Utensils, equipment, & linens; properly used, stored, dried, & handled/ In use utensils; properly used										46. Toilet Facilities; properly constructed, supplied, and clean	
						40. Single-service & single-use articles; properly stored and used										47. Other Violations	

Received by: (signature) <i>Kasey Oliveaum</i>	Print: <i>Kasey Oliveaum</i>	Title: Person In Charge/ Owner
Inspected by: (signature) <i>John Glover</i>	Print: <i>John Glover</i>	Business Email:

## Corrective Actions to Ensure Safe Food

### Item No.

#### 1 Cooling

- TCS\* food cooled from 135° F to 70° F more than 2 hours OR 135° F to 41° F (45° F) More than 6 hours; OR prepared food cooled to 41° F (45° F) more than 4 hours:

*Action: Voluntary destruction, rapid reheating of cooked foods if less than 4 hours*

#### 2 Cold Hold

- TCS food held above 41° F (45° F) more than 4 hours:

*Action: Voluntary destruction*

- TCS food held above 41° F (45° F) less than 4 hours:

*Action: Rapid cool (e.g. ice bath)*

#### 3 Hot Hold

- TCS food held below 135° F more than 4 hours:

*Action: Voluntary destruction*

- TCS food held below 135° F less than 4 hours:

*Action: Rapid reheats to 165° F or more*

#### 4 Cooking

- TCS food undercooked:

*Action: Re-cook to proper temperature*

#### 5 Rapid Reheating

- TCS food improperly reheated:

*Action: Reheat rapidly to 165° F*

#### 7 Approved Source/Sound Condition

- Foods from unapproved sources/unsound condition:

*Action: Voluntary destruction*

#### 9 Cross-Contamination of Raw/Cooked Foods

- Ready-To-Eat food contaminated by raw TCS food:

*Action: Voluntary destruction of ready-to-eat foods*

#### 14 Handwashing

- Food employees observed not washing hands:

*Action: Instruct employees to wash hands as specified in the Rules.*

#### 15 Proper Handling of Ready-to-Eat Foods

- Employee did not properly wash and sanitize hands before touching ready-to-eat food with Bare hands:

*Action: Voluntary destruction*

#### 19, 23 Water Supply

- Facility does not have water for washing hands, preparing food, or cleaning equipment/utensils:

*Action: Voluntary suspension of food preparation*

\* Time/Temperature Control for Safety (TCS)

The Town of Cross Roads Retail Food Establishment Inspection Report

Establishment Name: <i>Circle K Valenoy</i>	Physical Address: <i>7500 Hwy 377</i>	City/State: <i>Town of Cross Roads</i>	License/Permit #	Page <i>3</i> of <i>3</i>
--	--	--	------------------	---------------------------

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
<i>TCS foods (Walk in cooler, #1's play)</i>	<i>41-45</i>				
<i>TCS foods (Reach warmer, #1's play)</i>	<i>135-150</i>				

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND NOTED BELOW:

*47 Hair restraints required for all personnel working in kitchen*

Received by: *Kasey Oliveaux* (signature) Print: *Kasey Oliveaux* Title: Person In Charge/ Owner

Inspected by: *John Glover, Sr.* (signature) Print: *John Glover* Samples: Y N # collected: *0*