

The Town of Cross Roads Retail Food Establishment Inspection Report

Date: 5-13-22	Time in: 1012	Time out:	License/Permit #	Est. Type: Pharm	Risk Category: Low	Page 1 of 3		
Purpose of Inspection:			<input 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: CVS Pharmacy			Contact/Owner Name:			* Number of Repeat Violations: 0 ✓ Number of Violations COS: 0		98
Physical Address: 1101 Hwy 377			City/County: Town of Cross Roads		Zip Code:	Phone:	Follow-up: Yes <input type="checkbox"/> No <input checked="" 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. 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		Priority Item				R
OUT	IN	NO	NA	COS		
Time and Temperature for Food Safety (F = degrees Fahrenheit)						
				<input checked="" type="checkbox"/>	1. Proper cooling time and temperature	
	<input checked="" type="checkbox"/>				2. Proper Cold Holding (temperature (41°F/ 45°F))	
				<input checked="" type="checkbox"/>	3. Proper Hot Holding temperature (135°F)	
				<input checked="" type="checkbox"/>	4. Proper cooking time and temperature	
				<input checked="" type="checkbox"/>	5. Proper reheating procedure for hot holding (165°F in 2 Hours)	
				<input checked="" type="checkbox"/>	6. Time as a Public Health Control: procedures & records	
Approved Source						
	<input checked="" type="checkbox"/>				7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction	
				<input checked="" type="checkbox"/>	8. Food Received at proper temperature	
Protection from Contamination						
	<input checked="" type="checkbox"/>				9. Food Separated & protected, prevented during food preparation, storage, display, and tasting	
				<input checked="" type="checkbox"/>	10. Food contact surfaces and Returnables; Cleaned and Sanitized at _____ ppm temperature	
				<input checked="" type="checkbox"/>	11. Proper disposition of returned, previously served or reconditioned	

Priority Foundation Items (2 Points) violations Require Corrective Action within 10 days						
Compliance Status		Priority Item				R
OUT	IN	NO	NA	COS		
Demonstration of Knowledge/ Personnel						
				<input checked="" type="checkbox"/>	21. Person in charge present, demonstration of knowledge, and perform duties/ Certified Food Manager (CFM)	
				<input checked="" type="checkbox"/>	22. Food Handler/ no unauthorized persons/ personnel	
Safe Water, Recordkeeping and Food Package Labeling						
	<input checked="" type="checkbox"/>				23. Hot and Cold Water available; adequate pressure, safe	
	<input checked="" type="checkbox"/>				24. Required records available (shellstock tags; parasite destruction); Packaged Food labeled	
Conformance with Approved Procedures						
				<input checked="" type="checkbox"/>	25. Compliance with Variance, Specialized Process, and HACCP plan; Variance obtained for specialized processing methods; manufacturer instructions	
Consumer Advisory						
				<input checked="" type="checkbox"/>	26. Posting of Consumer Advisories; raw or undercooked foods (Disclosure Reminder/ Buffet Plate/ Allergen Label)	

Core Items (1 Point) Violations Require Corrective Action Not to Exceed 90 Days or Next Inspection, Whichever Comes First						
Compliance Status		Priority Item				R
OUT	IN	NO	NA	COS		
Prevention of Food Contamination						
	<input checked="" type="checkbox"/>				34. No Evidence of Insect contamination, rodent/other animals	
	<input checked="" type="checkbox"/>				35. Personal Cleanliness/eating, drinking or tobacco use	
	<input checked="" type="checkbox"/>				36. Wiping Cloths; properly used and stored	
	<input checked="" type="checkbox"/>				37. Environmental contamination	
	<input checked="" type="checkbox"/>				38. Approved thawing method	
Proper Use of Utensils						
				<input checked="" type="checkbox"/>	39. Utensils, equipment, & linens; properly used, stored, dried, & handled. In use utensils; properly used	
				<input checked="" type="checkbox"/>	40. Single-service & single-use articles; properly stored and used	

Received by: Robert Grether (signature)	Print: Robert Grether	Title: Person In Charge/ Owner
Inspected by: John Glover Jr. A. (signature)	Print: John Glover	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)

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Establishment Name: <i>CVS Pharmacy</i>	Physical Address: <i>1101 Hwy 377</i>	City/State: <i>Town of Cross Roads</i>	License/Permit #	Page <i>2</i> of <i>3</i>
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TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
<i>TCF foods (Display)</i>	<i>41-45</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:
	<i>Commercially prepackaged foods sold only, No food preparation.</i>
<i>30</i>	<i>Secure food establishment permit</i>

Received by: (signature) <i>Robert Grether</i>	Print: <i>Robert Grether</i>	Title: <i>Person In Charge/ Owner Manager</i>
Inspected by: (signature) <i>John Glover, Sr. A.</i>	Print: <i>John Glover</i>	Samples: Y <u>N</u> # collected <u>0</u>