

The Town of Cross Roads Retail Food Establishment Inspection Report

Date: 11-2-22	Time in: 0930	Time out: 1015	License/Permit #	Est. Type: Rest	Risk Category: Low	Page 2 of 2
Purpose of Inspection:		1-Compliance	2-Routine	3-Field Investigation	4-Visit	5-Other
Establishment Name: Jack In The Box			Contact/Owner Name:		* Number of Repeat Violations: 0 Number of Violations COS: 0	
Physical Address: 11920 Hwy 780		City/County: Town of Cross Roads	Zip Code:	Phone:	Follow-up: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	98

Compliance Status: **Out** = not in compliance **IN** = in compliance **NO** = not observed **NA** = not applicable **COS** = corrected on site **R** = repeat violation
 Mark the appropriate points in the OUT box for each numbered item. Mark '*' a checkmark in appropriate box for IN, NO, NA, COS. 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				
						1. Proper cooling time and temperature									
						2. Proper Cold Holding temperature (41°F/ 45°F)									
						3. Proper Hot Holding temperature (135°F)									
						4. Proper cooking time and temperature									
						5. Proper reheating procedure for hot holding (165°F in 2 Hours)									
						6. Time as a Public Health Control; procedures & records									
Approved Source															
						7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction									
						8. Food Received at proper temperature									
Protection from Contamination															
						9. Food Separated & protected, prevented during food preparation, storage, display, and tasting									
						10. Food contact surfaces and Returnables; Cleaned and Sanitized at _____ ppm temperature									
						11. Proper disposition of returned, previously served or reconditioned									

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				
						21. Person in charge present, demonstration of knowledge, and perform duties/ Certified Food Manager (CFM)									
						22. Food Handler/ no unauthorized persons/ personnel									
Safe Water, Recordkeeping and Food Package Labeling															
						23. Hot and Cold Water available; adequate pressure, safe									
						24. Required records available (shellshock tags; parasite destruction); Packaged Food labeled									
Conformance with Approved Procedures															
						25. Compliance with Variance, Specialized Process, and HACCP plan; Variance obtained for specialized processing methods, manufacturer instructions									
Consumer Advisory															
						26. Posting of Consumer Advisories; raw or undercooked foods (Disclosure Reminder/Buffer Plate/ Allergen Label)									

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				
						34. No Evidence of Insect contamination, rodent/other animals									
						35. Personal Cleanliness/eating, drinking or tobacco use									
						36. Wiping Cloths; properly used and stored									
						37. Environmental contamination									
						38. Approved thawing method									
Proper Use of Utensils															
						39. Utensils, equipment, & linens; properly used, stored, dried, & handled. In use utensils; properly used									
						40. Single-service & single-use articles; properly stored and used									

Received by: (signature) <i>GUADALUPE MARTINEZ</i>	Print: <i>John Glover</i>	Title: Person In Charge/ Owner
Inspected by: (signature) <i>John Glover, Jr., A.</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)

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Establishment Name: <i>Jack In The Box</i>	Physical Address: <i>11970 Hwy 380</i>	City/State: <i>Town of Cross Roads</i>	License/Permit #	Page <u>1</u> of <u>2</u>
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TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
<i>TCS foods (Walk in reach ins)</i>	<i>41-45</i>				
<i>TCS foods (Hot hold units)</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:
<i>39</i>	<i>Invest clean food storage between sink so that raw food contact is exposed.</i>
<i>42</i>	<i>clean wall surfaces adjacent to 3 compact waste sink and mop sink.</i>
	<i>comment: unable to confirm food manager certification and food handler registration records.</i>

Received by: <i>FRANKIE MAHER</i>	Print: <i>[Signature]</i>	Title: Person In Charge/ Owner
Inspected by: <i>John Glover, P.E.</i>	Print: <i>John Glover</i>	Samples: Y <u>N</u> # collected <u>0</u>