Inspection performed on behalf of:

Town of Cross Roads

https://www.crossroadstx.gov/permits-development/pages/health





						/						FI-4106				
Date: Time in: License/P						Permit #						Est. Type Risk Category Page 1 of	2			
03/26/2024 13:27 0						-				_						
Purpose of Inspection: X 1-Routine 2-Follow Up 3-Complain Establishment Name: Contact/Owner Na								Inv	estig	atio	n	5-CO/Construction 6-Other TOTAL/SCO	RE			
Jacob's Liquors Sina												V Number of Violations COS:				
2351 US-380, Cross Roads, TX 76227 NA											IA	se trap : Follow-up: No				
М					Status: Out = not in compliance IN = in compliance N points in the OUT box for each numbered item Mark							pplicable $COS = corrected on site R = repeat violation W = Wate box for IN, NO, NA, COS Mark an \times in appropriate box for R$	ch			
					Priority Items (3 Points) violation		re In	nme	ediate	Cor	rreci		_			
	I N	Ν	N	C O	Time and Temperature for Food Safety	R	0	I		N	C C	Employee Health	R			
T	T S (F = degrees Fanrenneit) T S						12. Management, food employees and conditional employees;									
X									X		knowledge, responsibilities, and reporting					
		2. Proper Cold Holding temperature(41°F/45°F)								Y	X 13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth					
		2. Dans on Had Halding townsortune (1259F)														
								1		Preventing Contamination by Hands ✓ 14. Hands cleaned and properly washed/ Gloves used properly						
										X		15. No bare hand contact with ready to eat foods or approved				
	5. Proper reheating procedure for hot holding (165°F in 2 Hours)									х		alternate method properly followed				
	6. Time as a Public Health Control; procedures & records							-				Highly Susceptible Populations				
Approved Source								x		16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required						
_					7. Food and ice obtained from approved source; Food in								_			
	x				good condition, safe, and unadulterated; parasite destruction						Chemicals					
		8. Food Received at proper temperature								x	17. Food additives; approved and properly stored; Washing Fruits & Vegetables					
					Protection from Contamination			X	1			18. Toxic substances properly identified, stored and used				
	x				9. Food Separated & protected, prevented during food preparation, storage, display, and tasting					I		Water/ Plumbing				
			х		10. Food contact surfaces and Returnables ; Cleaned and Sanitized at (see below) ppm/temperature		F	x				19. Water from approved source; Plumbing installed; proper backflow device				
-			х		11. Proper disposition of returned, previously served or reconditioned		╞	x				20. Approved Sewage/Wastewater Disposal System, proper				
			^									disposal				
0	I	N	N	С	Priority Foundation Items (2 P	oints) v R	0	I	N	N	С		R			
U T	N	0	A	0 S	Demonstration of Knowledge/ Personnel U N O A O 1. Person in charge present, demonstration of knowledge, I </td <td></td>											
			X		and perform duties/ Certified Food Manager (CFM)			X				27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature				
	X 22. Food Handler/ no unauthorized persons/ personnel					X	Ľ			28. Proper Date Marking and disposition						
					Safe Water, Recordkeeping and Food Package Labeling			x	í.			29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips				
	x				23. Hot and Cold Water available; adequate pressure, safe			1		I		Permit Requirement, Prerequisite for Operation				
					24. Required records available (shellstock tags; parasite destruction); Packaged Food labeled			v				30. Food Establishment Permit (Current and Valid)				
	X							X	•							
-					Conformance with Approved Procedures 25. Compliance with Variance, Specialized Process, and		-	T				Utensils, Equipment, and Vending 31. Adequate handwashing facilities: Accessible and properly	-			
			X		HACCP plan; Variance obtained for specialized processing methods; manufacturer instructions			X	í I			supplied, used				
					Consumer Advisory			x	:		32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used					
			x		26. Posting of Consumer Advisories; raw or under cooked foods (Disclosure/Reminder/Buffet Plate)/ Allergen Label					x		33. Warewashing Facilities; installed, maintained, used/ Service sink or curb cleaning facility provided	1			
					Core Items (1 Point) Violations Require Correctiv	e Action	Not	t to i	Exce	ed 9	0 Da	ays or Next Inspection , Whichever Comes First				
0 U	I N	N O	N A	C O	Prevention of Food Contamination	R	0 U	IN	N O	N A	C 0	Food Identification	R			
Т	х			S	34. No Evidence of Insect contamination, rodent/other		Т	X			S	41.Original container labeling (Bulk Food)				
-	X				animals 35. Personal Cleanliness/eating, drinking or tobacco use		-	1	·	L	I	Physical Facilities				
⊢			Х		36. Wiping Cloths; properly used and stored	+	-	v	•			42. Non-Food Contact surfaces clean	-			
⊢	X		^		37. Environmental contamination	+	-	X				43. Adequate ventilation and lighting; designated areas used	+			
╞	^		v		38. Approved thawing method	+	-	X				44. Garbage and Refuse properly disposed; facilities maintained	+			
X			^				-	-	_			45. Physical facilities installed, maintained, and clean	+			
_					Proper Use of Utensils 39. Utensils, equipment, & linens; properly used, stored,		-	X	•			46. Toilet Facilities; properly constructed, supplied, and clean	+			
			Х		dried, & handled/ In use utensils; properly used			X								
L			х		40. Single-service & single-use articles; properly stored and used			x				47. Other Violations				





	ment Name: Liquors	Physical A 2351 US	6-380, Cross Roads, TX 76227	City/State: Cross Roa	ds, TX 0	Page of 2 of 2			
Item/Loc	ation	Temp	TEMPERATURE OBSERV	ATIONS Temp	Item/Location	Temp			
Item/Lot	auon	Temp		Temp	Iteli/Location	Temp			
		OI	SERVATIONS AND CORRECT	FIVE ACTIO	NS				
Item Number	AN INSPECTION OF YOUR E		ENT HAS BEEN MADE. YOUR ATTE			OBSERVED AND			
	NOTED BELOW:								
2	No TCS foods sold at loca	ation. Only p	repackaged items.						
Received (signature)			Print:		Title: Person In O	Charge/ Owner			
(SPRING)	\sum)		Sina						
Inspected	l by:		Print:						
(signature)	ady Ste	nje	Bradley Strange	REHS/	RS/C	N1/A			
		0	Diadley Stialige	, 1.2110/1	Samples: Y N	# collected N/A			
orm EH-06	6 (Revised 09-2015)		www.instantinspector.c	om	•				

This report was emailed to: Sinathong@aol.com