

The Town of Cross Roads Retail Food Establishment Inspection Report

Date: 5-9-22	Time in: 1340	Time out: 1430	License/Permit #	Est. Type Rest	Risk Category Low	Page 1 of 3
Purpose of Inspection:		<input checked="" type="checkbox"/> 1-Compliance	<input type="checkbox"/> 2-Routine	<input type="checkbox"/> 3-Field Investigation	<input type="checkbox"/> 4-Visit	<input type="checkbox"/> 5-Other
Establishment Name: McDonalds			Contact/Owner Name:		* Number of Repeat Violations: 0 ✓ Number of Violations COS: 0	
Physical Address: 11201 Hwy 380		City/County: Town of Cross Roads		Zip Code:	Phone:	Follow-up: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 100

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


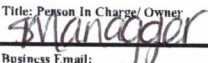
Compliance Status						R	Compliance Status						R
OUT	IN	NO	NA	COS			OUT	IN	NO	NA	COS		
Time and Temperature for Food Safety (F = degrees Fahrenheit)							Employee Health						
	<input checked="" type="checkbox"/>							<input checked="" type="checkbox"/>					
	<input checked="" type="checkbox"/>							<input checked="" type="checkbox"/>					
	<input checked="" type="checkbox"/>							<input checked="" type="checkbox"/>					
	<input checked="" type="checkbox"/>							<input checked="" type="checkbox"/>					
	<input checked="" type="checkbox"/>							<input checked="" type="checkbox"/>					
					<input checked="" type="checkbox"/>								
Approved Source													
	<input checked="" type="checkbox"/>							<input checked="" type="checkbox"/>					
					<input checked="" type="checkbox"/>								
Protection from Contamination													
	<input checked="" type="checkbox"/>							<input checked="" type="checkbox"/>					
	<input checked="" type="checkbox"/>							<input checked="" type="checkbox"/>					
					<input checked="" type="checkbox"/>								
	<input checked="" type="checkbox"/>							<input checked="" type="checkbox"/>					
					<input checked="" type="checkbox"/>								

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

Compliance Status						R	Compliance Status						R
OUT	IN	NO	NA	COS			OUT	IN	NO	NA	COS		
Demonstration of Knowledge/ Personnel							Food Temperature Control/ Identification						
	<input checked="" type="checkbox"/>							<input checked="" type="checkbox"/>					
	<input checked="" type="checkbox"/>												
Safe Water, Recordkeeping and Food Package Labeling													
	<input checked="" type="checkbox"/>							<input checked="" type="checkbox"/>					
	<input checked="" type="checkbox"/>							<input checked="" type="checkbox"/>					
Conformance with Approved Procedures													
					<input checked="" type="checkbox"/>								
Consumer Advisory													
					<input checked="" type="checkbox"/>								

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

Compliance Status						R	Compliance Status						R
OUT	IN	NO	NA	COS			OUT	IN	NO	NA	COS		
Prevention of Food Contamination							Food Identification						
	<input checked="" type="checkbox"/>							<input checked="" type="checkbox"/>					
	<input checked="" type="checkbox"/>												
	<input checked="" type="checkbox"/>												
	<input checked="" type="checkbox"/>												
Proper Use of Utensils													
	<input checked="" type="checkbox"/>							<input checked="" type="checkbox"/>					
	<input checked="" type="checkbox"/>							<input checked="" type="checkbox"/>					

Received by: 	Print: Gabriela Blanton	Title: Person In Charge/ Owner
Inspected by: John Glover, Jr. S.	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)

