Inspection performed on behalf of:

Town of Cross Roads



rossro	oac	lstx.	<u>go</u> v	<u>//pe</u>	<u>rmits-deve</u>	<u>elopment/p</u>	ages/health-ins	spection		N3	br	El	-10	JK		-1-3448		
	Date: 10/25/2023					Time in:         Licen           08:17         0			nse/Permit #					Est. Type SD	Risk Category	Page <u>1</u> of	2	
					tion: X 1-F	Routine	2-Follow Up	3-Complai			-Inve	estiga	tion		nstruction	6-Other	TOTAL/SCO	ORE
				Nam Nam	<sup>ne:</sup> iana Kitche	en		ntact/Owner N naida Villat		:				Number	r of Repeat Viol r of Violations C	ations:0 COS:0		
Pł	hysical Address: Pest control :							-					se trap :		Follow-up:	90		
H	11501 US-380 NA Compliance Status: Out = not in compliance IN = in compliance N						mpliance NO	NA NO = not observed NA = not applicable					onlicable COS	S = corrected on	No site R = repeat vi	iolation W= Wa	tch	
М	lark					OUT box for ea	ch numbered item	Mark '	√'a (	checkm	ark ir	appro	opriate b	ox for IN, NO, N		rk an 🗙 in appropria	ate box for R	
		lianc			I	Priori	ty Items (3 Poin	ts) violations		0	Compl	liance	Status	tive Action not	to exceed 5 au	ys		
O U T			N A		Tin		erature for Food Sa rees Fahrenheit)	afety	R		I N	N O	N C A O S		Emp	loyee Health		R
	x				1. Proper co	poling time and					x				ent, food emplo sponsibilities, a	yees and conditiona and reporting	il employees;	
	x					-	mperature(41°F/ 45°	°F)			x			13. Proper use eyes, nose, and		nd exclusion; No di	ischarge from	
	Х	_		$\Box$	-	3. Proper Hot Holding temperature(135°F)						·		Preventing Contamination by Hands 14. Hands cleaned and properly washed/ Gloves used properly				
	X				_	ooking time and	-				Х							
	x				<ul> <li>5. Proper reheating procedure for hot holding (165°F in 2 Hours)</li> <li>6. Time as a Public Health Control; procedures &amp; records</li> </ul>						х				and contact with nod properly fol	n ready to eat foods llowed	or approved	
	X	T		$\left[ \right]$											Highly Susc	eptible Population	s	
						Appro	oved Source				x				d foods used; p ggs used when r	rohibited food not o equired	ffered	
	x						rom approved sourc unadulterated; paras				1							
	x				8. Food Received at proper temperature						x			17. Food addit & Vegetables	tives; approved	and properly stored	l; Washing Fruits	
						Protection from Contamination					X			18. Toxic subs	stances properly	/ identified, stored a	ind used	
	x				<ul> <li>9. Food Separated &amp; protected, prevented during food preparation, storage, display, and tasting</li> <li>10. Food contact surfaces and Returnables ; Cleaned an Sanitized at (see below) ppm/temperature</li> </ul>			ing food				<u> </u>			Wate	er/ Plumbing		
	х										x			19. Water from approved source; Plumbing installed; proper backflow device				
	x				11. Proper disposition of returned, previously served or reconditioned					3				20. Approved disposal	Sewage/Waste	water Disposal Syst	em, proper	
0	I	N	N	C		Prior	ity Foundation	Items (2 Po	nts)	viola	tions		uire Co	rrective Action	within 10 day	S		R
U T	N	0	A	o s			f Knowledge/ Perso		K	U T	N	N O	A O S			re Control/ Identifi		
	X				21. Person in charge present, demonstration of know and perform duties/ Certified Food Manager (CFM)			CFM)			X			Maintain Prod	luct Temperatur		equate to	
L	X				22. Food Ha	andler/ no unau	ithorized persons/ p	ersonnel			Х				te Marking and			
	24.				Safe Water, Recordkeeping and Food Package Labeling						x			29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips				
					23. Hot and Cold Water available; adequate press									Permit Requirement, Prerequisite for Operation           30. Food Establishment Permit (Current and Valid)				
_						24. Required records available (shellstock tags; paras destruction); Packaged Food labeled					x							
	Y HA			Conformance with Approved Proceed									Utensils, Equipment, and Vending 31. Adequate handwashing facilities: Accessible and properly					
			HACCP pla	25. Compliance with Variance, Specialized Process, a HACCP plan; Variance obtained for specialized processing methods; manufacturer instructions					x			supplied, used		chines: Accessible	and property			
						Consumer Advisory				2	:				Non-food Conta structed, and us	act surfaces cleanab ed	le, properly	
	X   foods (Disc     Core Iter		ng of Consumer Advisories; raw or under cookee lsclosure/Reminder/Buffet Plate)/ Allergen Labe					x					nstalled, maintained facility provided	l, used/				
0			Core Items (1 Point) Violations Require Corrective			Acti					tys or Next Insp	pection , Whic	hever Comes Firs	t	R			
U T	N	N O	A	C O S			Food Contamination				N	N O	N C A O S			Identification		
	X				animals		contamination, rode				X			41.Original co	ontainer labeling	g (Bulk Food)		
	X						ating, drinking or to	bacco use			1				-	ical Facilities		
	Х			36. Wiping Cloths; properly used and stored						Х				Contact surface				
	X		[		37. Environ	37. Environmental contamination					Х			43. Adequate	ventilation and	lighting; designated	areas used	
Γ_	X			$\Box$	38. Approved thawing method						Х			44. Garbage a	nd Refuse prop	erly disposed; facili	ties maintained	ΤJ
				Proper Use of Utensils						Х			45. Physical fa	acilities installe	d, maintained, and c	clean		
	x						t linens; properly us itensils; properly us			T	x			46. Toilet Fac	ilities; properly	constructed, supplie	ed, and clean	
	x				40. Single-se and used	ervice & singl	e-use articles; prope	erly stored			x			47. Other Viol	lations			

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	ment Name: es Louisiana Kitchen	Physical Addre 11501 US-3		City/State: Cross Road	ds, TX	License/Permit #Page of02 of 2				
		÷	TEMPERATURE OBSERV			*	•			
Item/Loc	cation	Temp Ite	em/Location	Temp	Item/Loca	tion	Temp			
WIC		39°F								
WIF		0°F								
Fried C	hicken	165°F								
Gravy		155°F								
Mac&C	heese	165°F								
RIR		39°F								
Item	AN INSPECTION OF YOUR E		RVATIONS AND CORRECT HAS BEEN MADE. YOUR ATTE			HE CONDITIONS OBSI	ERVED AND			
Number 10	NOTED BELOW:									
20	Observed the three compartment sink sanitizer concentration at 200ppmQA.  Provide the grease trap ticket upon request.									
21	Zenaida Villatoro CFM on-site during the inspection.									
32	Maintain the reach in freezer unit in good repair or remove from the facility.									
				-						
Dess.	by		Print:			Titlet Denson T. Cl	ao/ Owner			
Received (signature)			Zenaida Villator	0		Title: Person In Char, Manager	ge/ Owner			
Inspecte (signature)		Pah	Print:			-				
	Y UU P		Jeff Babina RS/	CPO		Samples: Y	# collected N/A			

Form EH-06 (Revised 09-2015)

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