





License/Permit # Est. Type  $_{Page}\,\underline{1}\quad \mathrm{of}\,\underline{2}$ 03/09/2024 10:46 Λ SD SD Purpose of Inspection: X 1-Routine 3-Complaint TOTAL/SCORE 2-Follow Up 4-Investigation 5-CO/Construction 6-Other Establishment Nam Contact/Owner Name: Number of Repeat Violations: \_0\_ Number of Violations COS: \_1\_ Raising Cane's Chicken Fingers #626 Timothy Boyd Pest control : Orkin 2-27-24 Follow-up: Physical Address: 11620 US-380 Grease trap : Liquid environmental 2-2. IN = in compliance NO = not observed NA = not applicable COS = corrected on site R = repeat violation W = Watch red item Mark '\sqrt{}' a checkmark in appropriate box for IN, NO, NA, COS Mark an in appropriate box for R Compliance Status: Out = not in compliance IN = in Mark the appropriate points in the OUT box for each numbered item Priority Items (3 Points) violations Require Immediate Corrective Action not to exceed 3 days I N N C N O A O S N O N A C O S Time and Temperature for Food Safety **Employee Health** (F = degrees Fahrenheit) 1. Proper cooling time and temperature 12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting Χ X 2. Proper Cold Holding temperature(41°F/45°F) 13. Proper use of restriction and exclusion; No discharge from Χ Χ eyes, nose, and mouth 3. Proper Hot Holding temperature(135°F) Х Preventing Contamination by Hands 4. Proper cooking time and temperature 14. Hands cleaned and properly washed/ Gloves used properly X Χ 5. Proper reheating procedure for hot holding (165°F in 2 15. No bare hand contact with ready to eat foods or approved X X alternate method properly followed 6. Time as a Public Health Control; procedures & records Χ **Highly Susceptible Populations** 16. Pasteurized foods used; prohibited food not offered Χ Approved Source Pasteurized eggs used when required 7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite X Chemicals 8. Food Received at proper temperature 17. Food additives; approved and properly stored; Washing Fruits Χ Х & Vegetables 18. Toxic substances properly identified, stored and used Χ Protection from Contamination 9. Food Separated & protected, prevented during food preparation, storage, display, and tasting X Water/ Plumbing 10. Food contact surfaces and Returnables; Cleaned and 19. Water from approved source; Plumbing installed; proper Χ Χ Sanitized at (see below) ppm/temperature backflow device 11. Proper disposition of returned, previously served or 20. Approved Sewage/Wastewater Disposal System, proper Χ Χ reconditioned disposal Priority Foundation Items (2 Points) violations Require Corrective Action within 10 days N O O Demonstration of Knowledge/ Personnel Food Temperature Control/ Identification 21. Person in charge present, demonstration of knowledge, 27. Proper cooling method used; Equipment Adequate to Χ and perform duties/ Certified Food Manager (CFM) Χ Maintain Product Temperature 28. Proper Date Marking and disposition 22. Food Handler/ no unauthorized persons/ personnel Х Χ Х 29. Thermometers provided, accurate, and calibrated; Chemical/ Safe Water, Recordkeeping and Food Package Labeling X Thermal test strip 23. Hot and Cold Water available; adequate pressure, safe Permit Requirement, Prerequisite for Operation 24. Required records available (shellstock tags; parasite 30. Food Establishment Permit (Current and Valid) X Х destruction); Packaged Food labeled Conformance with Approved Procedures Utensils, Equipment, and Vending 25. Compliance with Variance, Specialized Process, and HACCP plan; Variance obtained for specialized 31. Adequate handwashing facilities: Accessible and properly supplied, used Χ Х processing methods; manufacturer instructions Consumer Advisory 32. Food and Non-food Contact surfaces cleanable, properly Χ designed, constructed, and used 26. Posting of Consumer Advisories; raw or under cooked foods (Disclosure/Reminder/Buffet Plate)/ Allergen Label 33. Warewashing Facilities; installed, maintained, used/ Service sink or curb cleaning facility provided X Χ Core Items (1 Point) Violations Require Corrective Action Not to Exceed 90 Days or Next Inspection , Whichever Comes First I N N O I N N A N O A Prevention of Food Contamination Food Identification 34. No Evidence of Insect contamination, rodent/other 41.Original container labeling (Bulk Food) Χ Χ animals
35. Personal Cleanliness/eating, drinking or tobacco use X Physical Facilities 36. Wiping Cloths; properly used and stored 42. Non-Food Contact surfaces clean Χ X 37. Environmental contamination 43. Adequate ventilation and lighting; designated areas used Χ X 38. Approved thawing method 44. Garbage and Refuse properly disposed; facilities maintained Χ 45. Physical facilities installed, maintained, and clean Proper Use of Utensils 1 39. Utensils, equipment, & linens; properly used, stored, 46. Toilet Facilities; properly constructed, supplied, and clean 1 dried, & handled/ In use utensils; properly used 40. Single-service & single-use articles; properly stored 47. Other Violations X





Establishment Name: Physical Address City/State: License/Permit # Page \_\_ of \_ Raising Cane's Chicken Fingers #. 11620 US-380 Cross Roads, TX 0 2 of 2 TEMPERATURE OBSERVATIONS Item/Location Temp Item/Location Item/Location Temp Temp Juice/milk 36.5°F Small cooler 38°F Dressing cooler 38°F 165°F French fries 155°F Strips Dressing cooler 36°F 34°F Walk in 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: 10 200 QAC 23 Pressure inadequate in restroom. Have a plumber come correct. 29 Digital probe QAC 39 Ice formation reach in freezer 44 Lids left open on dumpster. Keep lids closed 45 Back exit door does not close securely. Replace weatherstripping or adjust door. This will help recent pests and insects from entering 46 Covered receptacle needed n restroom 47 Tighten faucets on hand sinks Print: Title: Person In Charge/ Owner Received by: Timothy Boyd Restaurant Manager Print: Inspected by: (signature) Tammy McMahan, RS, CPO # collected N/A

Form EH-06 (Revised 09-2015)