The Town of Cross Roads Retail Food Establishment Inspection Report

| Date: Time in: Time out: License/Permit # | | - | | | | Est. Type Rest | Risk Category Pag | ge | | | | |
|--|--------------|-------------|----------|--------|-------------|--|---------------------------------------|-------------|--|--|--|--|
| Purpose of Inspection: 1-Compliance 2-Routine | 3. | -Field It | nvestiga | tion | | 4-Visit | 5-Other | Total Score | | | | |
| Establishment Name: Contact/Owner Name: | | | | | | ★ Number of Repeat Violations: ✓ Number of Violations COS: | 0 | | | | | |
| Physical Address: 11620 Huy 380 City County: To your of cooper. | 4 Z | Lip Code | | F | Phone: | | Follow-up: Yes | 100 | | | | |
| Compliance Status: Out = not in compliance IN = in compliance NO = not observed NA = | | able C | DS = co | rected | on site | | No 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 asteriak' * 'in appropriate box for R | | | | | | | | | | | | |
| Priority Items (3 Points) violations Compliance Status | Require I | | te Corre | | Action no | t to exceed 3 days | | | | | | |
| O I N N C Time and Temperature for Food Safety U N O A O (F = degrees Fabrenbeit) T S C F = degrees Fabrenbeit) T F = degrees Fabr | R | O I U P | N | N | C 0 8 | E | mployee Health | R | | | | |
| Proper cooling time and temperature | | ì | 1 | | | Management, food employees and cond knowledge, responsibilities, and reporting | ditional employees. | | | | | |
| 2. Proper Cold Holding temperature (41°F/45°F) | 1 [| L | 1 | | | 13. Proper use of restriction and exclusion; eyes, nose, and mouth | , No discharge from | | | | | |
| 3. Proper Hot Holding temperature(135°F) | | | | | | Preventing Contami | | | | | | |
| Proper cooking time and temperature 5. Proper reheating procedure for hot holding (165°F in 2 | 1 | 1, | | | | Hands cleaned and properly washed/ G No bare hand contact with ready to eat | foods or approved | | | | | |
| Hours) 6. Time as a Public Health Control, procedures & records | + | | | | | alternate method properly followed (APPR Highly Susceptil | | | | | | |
| Approved Source | | ~ | 7 | T | | 16. Pasteurized foods used; prohibited food Pasteurized eggs used when required | d not offered. | | | | | |
| 7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction | | | | 1 | | | Chemicals | | | | | |
| 8. Food Received at proper temperature | | ¥ | 7 | T | | Food additives; approved and properly Vegetables | stored, Washing Fruits | | | | | |
| Protection from Contamination | | V | | | | 18. Toxic substances properly identified, s | | | | | | |
| Food Separated & protected, prevented during food preparation, storage, display, and tasting | | | | | | | Vater/ Plumbing | | | | | |
| 10. Food contact surfaces and Returnables; Cleaned and Sanitized atppm/temperature | | 3 | 1 | | | Water from approved source; Plumbin backflow device | g installed; proper | | | | | |
| 11. Proper disposition of returned, previously served or reconditioned | | V | 1 | | | Approved Sewage/Wastewater Dispos disposal | sal System, proper | | | | | |
| Priority Foundation Items (2 Pe | sints) viole | | equire (| orrect | tire Actio | n within 10 days | Control of the control of the Control | R | | | | |
| O I N N C U N O A O Demonstration of Knowledge/ Personnel | K | O U T | N C |) / | 0 5 | Food Temperature Con | trol/ Identification | | | | | |
| 21. Person in charge present, demonstration of knowledge, and perform duties/ Certified Food Manager (CFM) | | 1 | 1 | | | Proper cooling method used; Equipme Maintain Product Temperature | ent Adequate to | | | | | |
| 22. Food Handler/ no unauthorized persons/ personnel | = | 1 | 1 | | | 28. Proper Date Marking and disposition | | | | | | |
| Safe Water, Recordkeeping and Food Package Labeling | | 1 | | | | 29. Thermometers provided, accurate, and Thermal test stripe | d calibrated; Chemical/ | | | | | |
| 23. Hot and Cold Water available; adequate pressure, safe | | | | | | Permit Requirement, Prereq | quisite for Operation | | | | | |
| 24. Required records available (shellshock tags; parasite destruction): Packaged Food labeled | | · | | | | 30. Food Establishment Permit (Curren | t & Valid) | | | | | |
| Conformance with Approved Procedures | | | | | | Utensils, Equipme | ent, and Vending | | | | | |
| Compliance with Variance, Specialized Process, and HACCP plan; Variance obtained for specialized processing methods; | | | | | | 31. Adequate handwashing facilities: Acc | eessible and properly supplied, used | | | | | |
| manufacturer instructions Consumer Advisory | + | H | | | | 32. Food and Non-food Contact surfaces | cleanable, properly | | | | | |
| 26. Posting of Consumer Advisories; raw or undercooked | - | ' | | | + | designed, constructed, and used 33. Warewashing Facilities; installed, ma | | | | | | |
| foods (Disclosure/Reminder/Buffet Plate)/ AllergenLabel | | 1 | | 10- | an Africa | Service sink or curb cleaning facility pro- | vided | | | | | |
| Core Hems (1 Point) Violations Require Corrects O I N N C U N O A O Prevention of Food Contamination | e Action ! | O U | | N | N C A O | | ood Identification | R | | | | |
| T | | Ť | •• | | s | | | | | | | |
| 34. No Evidence of Insect contamination, rodent/other animals | | | 4 | | | 41.Original container labeling (Bulk Foo | | | | | | |
| 35. Personal Cleanliness/eating, drinking or tobacco use | \dashv | Т | 1 | Т | | 42. Non-Food Contact surfaces clean | Physical Facilities | | | | | |
| 36 Wiping Cloths; properly used and stored 37. Environmental contamination | | | | | | 43. Adequate ventilation and lighting: designated areas used | | | | | | |
| 38. Approved thawing method | | - | - | + | | Garbage and Refuse properly dispose Physical facilities installed, maintain | | | | | | |
| Proper Use of Utonsils 39. Utonsils, equipment, & linens; properly used, stored, | | | - | | V | 46. Toilet Facilities; properly constructed | F1 F2 F2 F2 F2 F2 | | | | | |
| dried, & handled/ in use utensils, properly used 40. Single-service & single-use articles, properly stored | - | | + | | - | 47. Other Violations | | | | | | |
| 40. Single-service & single-use articles, properly stored and used | | | | , | | | Title, Posses L. Charles | .nor | | | | |
| Received by: (signature) | P | rint: | 110 | 06 | E | Anams | Title: Person In Charge/ Ow | 1 LEAPEN | | | | |
| Inspected by: John Mloner & S. | P | rint: | T | 04 | w | Gloven | Business Email: | | | | | |
| Form EH-Q6 (Revised 09-2015) | | | | | | | | | | | | |

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: | | Physical Ac | ddress: | City/State: To ww of License/Permit # Page 3 of 3 | | | | | | | | |
|--------------------------|-------------------|-------------|----------------------------|---|-------------|------------------------|-------------------|--|--|--|--|--|
| Raising Cones 116 | | 11620 | Hury 380 | 600551 | 200069 | | | | | | | |
| TEMPERATURE OBSERVATIONS | | | | | | | | | | | | |
| Item/Loc | ation | Temp | Item/Location | Temp | Item/Locati | on | Temp | | | | | |
| 765 | toods (Walkin | 41-45 | /= | | | | | | | | | |
| 12000 | wings | 12.5 | a D piece | | - | | | | | | | |
| 103. | food (11 of world | 133-14 | / /- | | | | | | | | | |
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| | | OB | SERVATIONS AND CORREC | TIVE ACTIO | NS | | | | | | | |
| Item Number | NOTED BELOW: | | NT HAS BEEN MADE. YOUR ATT | | | | | | | | | |
| 46 | Restroom W. | 'tkout | - peopertowel | sind. | Span | ser. Corr | ected | | | | | |
| | ou site, | | | | | | | | | | | |
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| Received (signature | | | Print: NICOLE | 45AMS | | Title: Person In Charg | e/Owner LEADER | | | | | |
| Inspecte | 11 1 1 1 | over 62 | A Print: Tohu | blover | | Samples: Y N # col | llected -D | | | | | |