

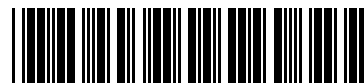
Inspection performed on behalf of:

Town of Cross Roads

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



INSTANT INSPECTOR



FI-4057

Date: 03/16/2024	Time in: 07:57	License/Permit # 0	Est. Type SD	Risk Category SD	Page <u>1</u> of <u>2</u>		
Purpose of Inspection: <input checked="" type="checkbox"/> 1-Routine <input type="checkbox"/> 2-Follow Up <input type="checkbox"/> 3-Complaint <input type="checkbox"/> 4-Investigation <input type="checkbox"/> 5-CO/Construction <input type="checkbox"/> 6-Other		TOTAL/SCORE		96			
Establishment Name: Starbucks Coffee #22063		Contact/Owner Name: Melody Gonzalez				Number of Repeat Violations: <u>0</u> Number of Violations COS: <u>0</u>	
Physical Address: 11450 E University Drive		Pest control : Ecolab 2-16-24				Grease trap : Liquid Environmental 2-2... Follow-up: No	
<p>Compliance Status: Out = not in compliance IN = in compliance NO = not observed NA = not applicable COS = corrected on site R = repeat violation W = Watch 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 <input checked="" type="checkbox"/> in appropriate box for R</p>							
Priority Items (3 Points) violations Require Immediate Corrective Action not to exceed 3 days							
Compliance Status O U T I N N O N A C O S Time and Temperature for Food Safety (F = degrees Fahrenheit)			Compliance Status O U T I N N O N A C O S Employee Health				
1. Proper cooling time and temperature <input checked="" type="checkbox"/>			12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting <input checked="" type="checkbox"/>				
2. Proper Cold Holding temperature(41°F/ 45°F) <input checked="" type="checkbox"/>			13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth <input checked="" type="checkbox"/>				
3. Proper Hot Holding temperature(135°F) <input type="checkbox"/>			Preventing Contamination by Hands				
4. Proper cooking time and temperature <input checked="" type="checkbox"/>			14. Hands cleaned and properly washed/ Gloves used properly <input checked="" type="checkbox"/>				
5. Proper reheating procedure for hot holding (165°F in 2 Hours) <input checked="" type="checkbox"/>			15. No bare hand contact with ready to eat foods or approved alternate method properly followed <input checked="" type="checkbox"/>				
6. Time as a Public Health Control; procedures & records <input checked="" type="checkbox"/>			Highly Susceptible Populations				
Approved Source			16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required <input checked="" type="checkbox"/>				
7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction <input checked="" type="checkbox"/>			Chemicals				
8. Food Received at proper temperature <input checked="" type="checkbox"/>			17. Food additives; approved and properly stored; Washing Fruits & Vegetables <input checked="" type="checkbox"/>				
Protection from Contamination			18. Toxic substances properly identified, stored and used <input checked="" type="checkbox"/>				
9. Food Separated & protected, prevented during food preparation, storage, display, and tasting <input checked="" type="checkbox"/>			Water/ Plumbing				
10. Food contact surfaces and Returnables : Cleaned and Sanitized at (see below) ppm/temperature <input checked="" type="checkbox"/>			19. Water from approved source; Plumbing installed; proper backflow device <input checked="" type="checkbox"/>				
11. Proper disposition of returned, previously served or reconditioned <input checked="" type="checkbox"/>			20. Approved Sewage/Wastewater Disposal System, proper disposal <input checked="" type="checkbox"/>				
Priority Foundation Items (2 Points) violations Require Corrective Action within 10 days							
Compliance Status O U T I N N O N A C O S Demonstration of Knowledge/ Personnel			Compliance Status O U T I N N O N A C O S Food Temperature Control/ Identification				
21. Person in charge present, demonstration of knowledge, and perform duties/ Certified Food Manager (CFM) <input checked="" type="checkbox"/>			27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature <input checked="" type="checkbox"/>				
22. Food Handler/ no unauthorized persons/ personnel <input checked="" type="checkbox"/>			28. Proper Date Marking and disposition <input checked="" type="checkbox"/>				
Safe Water, Recordkeeping and Food Package Labeling			29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips <input checked="" type="checkbox"/>				
23. Hot and Cold Water available; adequate pressure, safe <input checked="" type="checkbox"/>			Permit Requirement, Prerequisite for Operation				
24. Required records available (shellstock tags; parasite destruction); Packaged Food labeled <input checked="" type="checkbox"/>			30. Food Establishment Permit (Current and Valid) <input checked="" type="checkbox"/>				
Conformance with Approved Procedures			Utensils, Equipment, and Vending				
25. Compliance with Variance, Specialized Process, and HACCP plan; Variance obtained for specialized processing methods; manufacturer instructions <input checked="" type="checkbox"/>			31. Adequate handwashing facilities: Accessible and properly supplied, used <input checked="" type="checkbox"/>				
Consumer Advisory			32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used <input checked="" type="checkbox"/>				
26. Posting of Consumer Advisories; raw or under cooked foods (Disclosure/Reminder/Buffer Plate)/ Allergen Label <input checked="" type="checkbox"/>			33. Warewashing Facilities; installed, maintained, used/ Service sink or curb cleaning facility provided <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 O U T I N N O N A C O S Prevention of Food Contamination			Compliance Status O U T I N N O N A C O S Food Identification				
34. No Evidence of Insect contamination, rodent/other animals <input checked="" type="checkbox"/>			41. Original container labeling (Bulk Food) <input checked="" type="checkbox"/>				
35. Personal Cleanliness/eating, drinking or tobacco use <input checked="" type="checkbox"/>			Physical Facilities				
36. Wiping Cloths; properly used and stored <input checked="" type="checkbox"/>			42. Non-Food Contact surfaces clean <input checked="" type="checkbox"/>				
37. Environmental contamination <input checked="" type="checkbox"/>			43. Adequate ventilation and lighting; designated areas used <input checked="" type="checkbox"/>				
38. Approved thawing method <input checked="" type="checkbox"/>			44. Garbage and Refuse properly disposed; facilities maintained <input checked="" type="checkbox"/>				
Proper Use of Utensils			45. Physical facilities installed, maintained, and clean <input checked="" type="checkbox"/>				
39. Utensils, equipment, & linens; properly used, stored, dried, & handled/ In use utensils; properly used <input checked="" type="checkbox"/>			46. Toilet Facilities; properly constructed, supplied, and clean <input checked="" type="checkbox"/>				
40. Single-service & single-use articles; properly stored and used <input checked="" type="checkbox"/>			47. Other Violations <input checked="" type="checkbox"/>				

