

# The Town of Cross Roads Retail Food Establishment Inspection Report

Date: <b>5-23-23</b>	Time in: <b>0911</b>	Time out: <b>0950</b>	License/Permit #	Est. Type <b>C.S.</b>	Risk Category <b>Low</b>	Page <b>1</b> of <b>3</b>
Purpose of Inspection:		<input type="checkbox"/> 1-Compliance	<input checked="" type="checkbox"/> 2-Routine	<input type="checkbox"/> 3-Field Investigation	<input type="checkbox"/> 4-Visit	<input type="checkbox"/> 5-Other
Establishment Name: <b>Circle K</b>			Contact/Owner Name:		* Number of Repeat Violations: <b>2</b> ✓ Number of Violations COS: <b>1</b>	
Physical Address: <b>6500 Hwy 380 # K24</b>		City/County: <b>Town of Cross Roads</b>		Zip Code:	Phone:	Follow-up: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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Compliance Status: **Out** = not in compliance **IN** = in compliance **NO** = not observed **NA** = not applicable **COS** = corrected on site **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 asterisk '\*' in appropriate box for **R**.

Priority Items (3 Points) violations Require Immediate Corrective Action not to exceed 3 days

Compliance Status						Compliance Status					
O	I	N	N	C	R	O	I	N	N	C	R
U	N	O	A	O		U	N	O	A	O	
T				S		T				S	
<b>Time and Temperature for Food Safety</b> (F = degrees Fahrenheit)						<b>Employee Health</b>					
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>					
1. Proper cooling time and temperature						12. Management, food employees and conditional employees knowledge, responsibilities, and reporting					
<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>					
2. Proper Cold Holding temperature (41°F/ 45°F)						13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth					
<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>					
3. Proper Hot Holding temperature (135°F)						<b>Preventing Contamination by Hands</b>					
<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>					
4. Proper cooking time and temperature						14. Hands cleaned and properly washed/ Gloves used properly					
<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>					
5. Proper reheating procedure for hot holding (165°F in 2 Hours)						15. No bare hand contact with ready to eat foods or approved alternate method properly followed (APPROVED Y,N)					
<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>					
6. Time as a Public Health Control; procedures & records						<b>Highly Susceptible Populations</b>					
<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>					
<b>Approved Source</b>						16. Pasteurized foods used; prohibited food not offered. Pasteurized eggs used when required					
<input checked="" type="checkbox"/>						<b>Chemicals</b>					
7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction						17. Food additives; approved and properly stored; Washing Fruits & Vegetables					
<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>					
8. Food Received at proper temperature						18. Toxic substances properly identified, stored and used					
<input checked="" type="checkbox"/>						<b>Water/ Plumbing</b>					
<b>Protection from Contamination</b>						19. Water from approved source; Plumbing installed; proper backflow device					
<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>					
9. Food Separated & protected, prevented during food preparation, storage, display, and tasting						20. Approved Sewage/Wastewater Disposal System, proper disposal					
<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>					
10. Food contact surfaces and Returnables: Cleaned and Sanitized at _____ ppm/temperature											
<input checked="" type="checkbox"/>											
11. Proper disposition of returned, previously served or reconditioned											
<input checked="" type="checkbox"/>											

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

Compliance Status						Compliance Status					
O	I	N	N	C	R	O	I	N	N	C	R
U	N	O	A	O		U	N	O	A	O	
T				S		T				S	
<b>Demonstration of Knowledge/ Personnel</b>						<b>Food Temperature Control/ Identification</b>					
<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>					
21. Person in charge present, demonstration of knowledge, and perform duties/ Certified Food Manager (CFM)						27. Proper cooling method used; <u>Equipment Adequate to Maintain Product Temperature</u>					
<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>					
22. Food Handler/ no unauthorized persons/ personnel						28. Proper Date Marking and disposition					
<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>					
<b>Safe Water, Recordkeeping and Food Package Labeling</b>						29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips					
<input checked="" type="checkbox"/>						<b>Permit Requirement, Prerequisite for Operation</b>					
23. Hot and Cold Water available; adequate pressure, safe						30. Food Establishment Permit (Current & Valid)					
<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>					
24. Required records available (shellshock tags; parasite destruction); <u>Packaged Food labeled</u>						<b>Utensils, Equipment, and Vending</b>					
<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>					
<b>Conformance with Approved Procedures</b>						31. Adequate handwashing facilities: Accessible and properly supplied, used					
<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>					
25. Compliance with Variance, Specialized Process, and HACCP plan; Variance obtained for specialized processing methods; manufacturer instructions						32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used					
<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>					
<b>Consumer Advisory</b>						33. Warewashing Facilities; installed, maintained, used/ Service sink or curb cleaning facility provided					
<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>					
26. Posting of Consumer Advisories; raw or undercooked foods (Disclosure/Reminder/Buffer Plate)/ Allergen Label											

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

Compliance Status						Compliance Status					
O	I	N	N	C	R	O	I	N	N	C	R
U	N	O	A	O		U	N	O	A	O	
T				S		T				S	
<b>Prevention of Food Contamination</b>						<b>Food Identification</b>					
<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>					
34. No Evidence of Insect contamination, rodent/other animals						41. Original container labeling (Bulk Food)					
<input checked="" type="checkbox"/>						<b>Physical Facilities</b>					
35. Personal Cleanliness/eating, drinking or tobacco use						<input checked="" type="checkbox"/>					
<input checked="" type="checkbox"/>						42. Non-Food Contact surfaces clean					
36. Wiping Cloths; properly used and stored						<input checked="" type="checkbox"/>					
<input checked="" type="checkbox"/>						43. Adequate ventilation and lighting; designated areas used					
37. Environmental contamination						<input checked="" type="checkbox"/>					
<input checked="" type="checkbox"/>						44. Garbage and Refuse properly disposed; facilities maintained					
38. Approved thawing method						<input checked="" type="checkbox"/>					
<input checked="" type="checkbox"/>						45. Physical facilities installed, maintained, and clean					
<b>Proper Use of Utensils</b>						<input checked="" type="checkbox"/>					
<input checked="" type="checkbox"/>						46. Toilet Facilities; properly constructed, supplied, and clean					
39. Utensils, equipment, & linens; properly used, stored, dried, & handled/ In use utensils; properly used						<input checked="" type="checkbox"/>					
<input checked="" type="checkbox"/>						47. Other Violations					
40. Single-service & single-use articles; properly stored and used						<input checked="" type="checkbox"/>					

Received by: <i>Arelis Hernandez</i>	Print: <b>Arelis Hernandez</b>	Title: Person In Charge/ Owner
Inspected by: <i>John Glover P.E.</i>	Print: <b>John Glover</b>	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)

The Town of Cross Roads Retail Food Establishment Inspection Report

Establishment Name: <i>Circle K</i>	Physical Address: <i>6500 Hwy 380 #1624</i>	City/State: <i>Town of Cross Roads</i>	License/Permit #	Page <i>3</i> of <i>3</i>
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**TEMPERATURE OBSERVATIONS**

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
<i>TCS foods (D. display hot box)</i>	<i>135</i>				
<i>TCS foods (Prepack in display)</i>	<i>46</i>				
<i>Corrected TCS temps</i>	<i>45</i>				

**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:
	<i> Kraft Mayo best use date Aug, 2022. Product removed from display.</i>
<i>46</i>	<i> Men's restroom without hand drying, Also needs cleaning.</i>
<i>2</i>	<i> Pre packaged TCS food in reach in display above 45 F holding requirement, Directed rapid cool down in ice bath. Corrected on site.</i>

Received by: <i>Areli Hernandez</i> <small>(signature)</small>	Print: <i>Areli Hernandez</i>	Title: Person In Charge/ Owner
Inspected by: <i>John Glover R.A.</i> <small>(signature)</small>	Print: <i>John Glover</i>	Samples: <i>Y-N</i> # collected <i>0</i>