

# The Town of Cross Roads Retail Food Establishment Inspection Report

Date: <b>5-4-23</b>	Time in: <b>1326</b>	Time out: <b>1420</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 checked="" 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	Total Score
Establishment Name: <b>Circle K (Valero)</b>			Contact/Owner Name:	* Number of Repeat Violations: <b>0</b>		98	
Physical Address: <b>7500 Hwy 377</b>			City/County: <b>Town of Cross Roads</b>	Zip Code:	Phone:		
Compliance Status: <b>OUT</b> = not in compliance <b>IN</b> = in compliance <b>NO</b> = not observed <b>NA</b> = not applicable <b>COS</b> = corrected on site				R = repeat violation			
Mark the appropriate points in the OUT box for each numbered item				Mark <input checked="" type="checkbox"/> a checkmark in appropriate box for IN, NO, NA, COS			

**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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<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					
2. Proper Cold Holding temperature (41°F/ 45°F)						13. Proper use of restriction and exclusion. No discharge from eyes, nose, and mouth					
3. Proper Hot Holding temperature (135°F)						<b>Preventing Contamination by Hands</b>					
4. Proper cooking time and temperature						14. Hands cleaned and properly washed/ Gloves used properly					
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)					
6. Time as a Public Health Control, procedures & records						<b>Highly Susceptible Populations</b>					
<b>Approved Source</b>						16. Pasteurized foods used; prohibited food not offered. Pasteurized eggs used when required					
7. Food and ice obtained from approved source. Food in good condition, safe, and unadulterated; parasite destruction						<b>Chemicals</b>					
8. Food Received at proper temperature						17. Food additives; approved and properly stored; Washing Fruits & Vegetables					
<b>Protection from Contamination</b>						18. Toxic substances properly identified, stored and used					
9. Food Separated & protected, prevented during food preparation, storage, display, and fasting						<b>Water/ Plumbing</b>					
10. Food contact surfaces and Returnables: <u>Cleaned and Sanitized at _____ ppm/temperature</u>						19. Water from approved source; Plumbing installed; proper backflow device					
11. Proper disposition of returned, previously served or reconditioned						20. Approved Sewage/Wastewater Disposal System, proper disposal					

**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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<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>					
22. Food Handler/ no unauthorized persons/ personnel						28. Proper Date Marking and disposition					
<b>Safe Water, Recordkeeping and Food Package Labeling</b>						29. Thermometers provided, accurate, and calibrated. <u>Chemical/ Thermal test strips</u>					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<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)					
24. Required records available (shellshock tags; parasite destruction); <u>Packaged Food labeled</u>						<b>Utensils, Equipment, and Vending</b>					
<b>Conformance with Approved Procedures</b>						31. Adequate handwashing facilities: Accessible and <u>properly supplied, used</u>					
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					
<b>Consumer Advisory</b>						33. Warewashing Facilities; installed, maintained, used/ Service sink or curb cleaning facility provided					
26. Posting of Consumer Advisories, raw or undercooked foods (Disclosure/Reminder/Buffet 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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
34. No Evidence of Insect contamination, rodent/other animals						41. Original container labeling (Bulk Food)					
35. Personal Cleanliness/eating, drinking or tobacco use						<b>Physical Facilities</b>					
36. Wiping Cloths, properly used and stored						42. Non-Food Contact surfaces clean					
37. Environmental contamination						43. Adequate ventilation and lighting, designated areas used					
38. Approved thawing method						44. Garbage and Refuse properly disposed, facilities maintained					
<b>Proper Use of Utensils</b>						45. Physical facilities installed, maintained, and clean					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<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						47. Other Violations					
40. Single-service & single-use articles; properly stored and used											

Received by: <b>Maureen Gehay</b>	Print: <b>Kathleen Lecroy</b>	Title: Person In Charge/ Owner
Inspected by: <b>John Glover Sr. A.</b>	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 (Volcano)</i>	Physical Address: <i>7500 Hwy 377</i>	City/State: <i>Town of Cross Roads</i>	License/Permit #	Page <i>2</i> of <i>2</i>
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**TEMPERATURE OBSERVATIONS**

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
<i>Fried foods in display case</i>	<i>70-90°</i>				
<i>TCS foods (Saw Dutch in display)</i>	<i>135°</i>				
<i>TCS foods storage display</i>	<i>41-45</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>31</i>	<i>Hand towels are required at hand wash sinks,</i>
<i>3</i>	<i>Store manager discarded fried foods in display, corrected on site.</i>

Received by: (signature) <i>[Signature]</i>	Print: <i>KATHLEEN LECROY</i>	Title: <i>Person In Charge/ Owner</i>
Inspected by: (signature) <i>John B. Jones, D.A.</i>	Print: <i>John Glover</i>	Samples: <i>Y N</i> # collected <i>0</i>