The Town of Cross Roads Retail Food Establishment Inspection Report

| Date: Time in: Time out: License/Permit # | perion it | Est. Type C, S | Risk Category Page of 3 | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|--|--|
| Purpose of Inspection: 1-Compliance 2-Routine | 3-Field Investigation | 4-Visit | 5-Other Total Score | | |
| Establishment Name: Contact/Owner Name: | | * Number of Repeat Violations: ✓ Number of Violations COS: | 9 | | |
| Establishment Name: Seven Eleven CityCounty Ta V4 w et | Zip Code: Pho | | Follow-up: Yes | | |
| Physical Address: 2401 Hwy 380 City/County: To 14 w of Cro15 Roads | | | Follow-up: Yes No | | |
| Compliance Status: Out = not in compliance IN = in compliance NO = not observed NA = not app Mark the appropriate points in the OUT box for eachnumbered item Mark 'V' a | plicable COS = corrected on a checkmark in appropriate bo | exite ox for IN, NO, NA, COS | R = repeat violation Mark an asterisk' * ` in appropriate box for R | | |
| Priority Items (3 Points) violations Requir | ire Immediate Corrective Acti | ion not to exceed 3 days | | | |
| Compliance Status | Compliance Status O I N N | C | R R | | |
| U N O A O Time and Temperature for Food Safety T F degrees Fahrenheit) | U N O A | O S | Employee Health | | |
| Proper cooling time and temperature | 1 | Management, food employees and c knowledge, responsibilities, and reporti | | | |
| 2. Proper Cold Holding temperature (41°F/45°F) | | Proper use of restriction and exclusive eyes, nose, and mouth | Proper use of restriction and exclusion, No discharge from eves, nose, and mouth | | |
| 3. Proper Hot Holding temperature(135°F) | | Preventing Conta | mination by Hands | | |
| 4. Proper cooking time and temperature 5. Proper reheating procedure for hot holding (165°F in 2 | | Hands cleaned and properly washed 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 (Al- Highly Susce | PPROVED Y_N) ptible Populations | | |
| Approved Source | 1 | 16. Pasteurized foods used; prohibited food not offered. Pasteurized eggs used when required | | | |
| 7. Food and ice obtained from approved source: Food in | Pasteurized eggs used when required Chemicals | | | | |
| good condition, safe, and unadulterated, parasite destruction | | | | | |
| 8. Food Received at proper temperature | | Food additives; approved and prope Vegetables | erly stored; Washing Fruits | | |
| Protection from Contamination | | 18. Toxic substances properly identifie | water/ Plumbing | | |
| Pood Separated & protected, prevented during food preparation, storage, display, and tasting | | P. P. | | | |
| 10. Food contact surfaces and Returnables ; Cleaned and Sanitized atppm/temperature | V | Water from approved source; Plum backflow device | | | |
| 11. Proper disposition of returned, previously served or reconditioned | 20. Approved Sewage/Wastewater Disposal System, proper disposal | | | | |
| Priority Foundation Items (2 Points) | The second secon | | R | | |
| O I N N C Demonstration of Knowledge/Personnel | U N O A | C Food Temperature C S | Control/ Identification | | |
| T S 21. Person in charge present, demonstration of knowledge. | | 27. Proper cooling method used; Equip Maintain Product Temperature | pment Adequate to | | |
| and perform duties/ Certified Food Manager (CFM) 22. Food Handler/ no unauthorized persons/ personnel | | 28. Proper Date Marking and disposition | | | |
| Safe Water, Recordkeeping and Food Package Labeling | | 29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips | | | |
| 23. Hot and Cold Water available; adequate pressure, safe | | Permit Requirement, Prerequisite for Operation | | | |
| 24. Required records available (shellshock tags: parasite destruction); Packaged Food labeled | 1 | 30. Food Establishment Permit (Current & Valid) | | | |
| Conformance with Approved Procedures | | Utensils, Equipment, and Vending | | | |
| Compliance with Variance, Specialized Process, and HACCP plan; Variance obtained for specialized processing methods; | | 31. Adequate handwashing facilities: | Accessible and properly supplied, used | | |
| manufacturer instructions Consumer Advisory | | 32. Food and Non-food Contact surfa | 32. Food and Non-food Contact surfaces cleanable, properly | | |
| | | designed, constructed, and used | | | |
| 26. Posting of Consumer Advisories: raw or undercooked foods (Disclosure/Reminder/Buffet Plate)/ AllergenLabel | | Service sink or curb cleaning facility | | | |
| Core Items (1 Point) Violations Require Corrective Acti | ion Not to Exceed 90 Days or | Next Inspection , Whichever Comes First | | | |
| O I N N C U N O A O S Prevention of Food Contamination | U N O A | 41. Original container labeling (Bulk | Food Identification | | |
| 34. No Evidence of Insect contamination, rodent/other animals | it | 41. Original comanici faccing (blik | | | |
| 35. Personal Cleanliness/eating, drinking or tobacco use 36. Wiping Cloths; properly used and stored | 14 | | Physical Facilities 42. Non-Food Contact surfaces clean | | |
| 37. Environmental contamination | 7 | | 43. Adequate ventilation and lighting, designated areas used 44. Garbage and Refuse properly disposed; facilities maintained | | |
| 38. Approved thawing method Proper Use of Utensils | V | 45. Physical facilities installed, main | 45. Physical facilities installed, maintained, and clean | | |
| 39. Utensils, equipment, & linens; properly used, stored, dried, & handled/ In use utensils; properly used | | 46. Toilet Facilities; properly constru | 46. Toilet Facilities; properly constructed, supplied, and clean | | |
| 40. Single-service & single-use articles, properly stored | - | 47. Other Violations | | | |
| Received by: | Print: | 2008- Bours | Title: Person In Charge/ Owner | | |
| Inspected by: | Print: | anne Boyce | Business Email: | | |
| (signature) John New Viener Di A | ~ 0 4 4 | o cover | | | |

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) <u>less than</u> 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)

| Establishment Name: | Physical A | Address: | | PULL of License/Permit# | Page <u>\$</u> of <u>}</u> | | | |
|-------------------------------------------------------------------------------------------|---------------------------------------------------|--------------------|----------------|----------------------------|----------------------------|--|--|--|
| Seven Eleven | 2401 | 1 HVNY 380 Caro | | 55 Roads | | | | |
| | TEMPERATURE OBSERVATIONS | | | | | | | |
| Item/Location | Temp | Item/Location | Temp | Item/Location | Temp | | | |
| Fried product | 115 | | | | | | | |
| Display Lase | | | | | | | | |
| | | | | | | | | |
| TCS foods (Display | 135+ | | | | | | | |
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| storage | 0 | BSERVATIONS AND CO | DDECTIVE ACTIO | VC | | | | |
| Item Number NOTED BELOW: | | | | ECTED TO THE CONDITIONS OB | SERVED AND | | | |
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| 21 Rinected Sta | - 1 Firested stone manager to secure food manage- | | | | | | | |
| . / | certification | | | | | | | |
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| (signature) Inspected by: | my co | A Print: | Jewine K | | | | | |
| (signature) / Shu > V land | 21 The | M. John | Glover | Samples: Y N # | collected 2 | | | |