

The Town of Cross Roads Retail Food Establishment Inspection Report

Date: 5-3-22	Time in: 1027	Time out:	License/Permit #	Est. Type Rest	Risk Category Low	Page <u>1</u> of <u>3</u>
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: Whataburger			Contact/Owner Name:		* Number of Repeat Violations: <u>0</u> ✓ Number of Violations COS: <u>0</u>	
Physical Address: 11250 Hwy 380		City/County: Town of Cross Roads		Zip Code:	Phone:	Follow-up: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Compliance Status: **OUT** = not in compliance **IN** = in compliance **NO** = not observed **NA** = not applicable **COS** = corrected on site
 Mark the appropriate points in the **OUT** box for each numbered item R = repeat violation
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					
OUT	IN	NO	NA	COS	R	OUT	IN	NO	NA	COS	R
Time and Temperature for Food Safety (F = degrees Fahrenheit)						Employee Health					
		<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"/>							
Approved Source						Preventing Contamination by Hands					
		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>					
		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>					
		<input checked="" type="checkbox"/>									
				<input checked="" type="checkbox"/>							
Protection from Contamination						Highly Susceptible Populations					
		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>					
		<input checked="" type="checkbox"/>									
				<input checked="" type="checkbox"/>							
Chemicals						Water/ Plumbing					
		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>					
		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>					

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

Compliance Status						Compliance Status					
OUT	IN	NO	NA	COS	R	OUT	IN	NO	NA	COS	R
Demonstration of Knowledge/ Personnel						Food Temperature Control/ Identification					
		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>					
		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>					
Safe Water, Recordkeeping and Food Package Labeling						Permit Requirement, Prerequisite for Operation					
		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>					
		<input checked="" type="checkbox"/>									
Conformance with Approved Procedures						Utensils, Equipment, and Vending					
				<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>					
Consumer Advisory						Food Identification					
				<input checked="" type="checkbox"/>		<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						Compliance Status					
OUT	IN	NO	NA	COS	R	OUT	IN	NO	NA	COS	R
Prevention of Food Contamination						Physical Facilities					
		<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"/>					
Proper Use of Utensils						Other Violations					
		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>					
		<input checked="" type="checkbox"/>									

Received by: <i>Maria Avila</i> (signature)	Print: Maria Avila	Title: Person In Charge/ Owner Manager
Inspected by: <i>John Glover, B.S.</i> (signature)	Print: John Glover	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)

