

The Town of Cross Roads Retail Food Establishment Inspection Report

Date: 11-18-22	Time in: 1113	Time out: 1200	License/Permit #	Est. Type Rest	Risk Category Low	Page 1 of 3	
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	Total Score

Establishment Name: Wing Stop	Contact/Owner Name:	* Number of Repeat Violations: 0	✓ Number of Violations COS: 0
Physical Address: 11750 Hwy 380 #280	City/County: Town of Cross Roads	Zip Code:	Phone:
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 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	
Time and Temperature for Food Safety (F = degrees Fahrenheit)						Employee Health					
<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"/>					
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)						Preventing Contamination by Hands					
<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						Highly Susceptible Populations					
Approved Source						<input checked="" type="checkbox"/>					
7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated, parasite destruction						16. Pasteurized foods used; prohibited food not offered. Pasteurized eggs used when required					
<input checked="" type="checkbox"/>						Chemicals					
8. Food Received at proper temperature						<input checked="" type="checkbox"/>					
Protection from Contamination						<input checked="" type="checkbox"/>					
<input checked="" type="checkbox"/>						17. Food additives; approved and properly stored; Washing Fruits & Vegetables					
9. Food Separated & protected, prevented during food preparation, storage, display, and tasting						<input checked="" type="checkbox"/>					
<input checked="" type="checkbox"/>						18. Toxic substances properly identified, stored and used					
10. Food contact surfaces and Returnables ; Cleaned and Sanitized at <u>150</u> ppm/temperature						<input checked="" type="checkbox"/>					
<input checked="" type="checkbox"/>						Water/ Plumbing					
11. Proper disposition of returned, previously served or reconditioned						<input checked="" type="checkbox"/>					
<input checked="" type="checkbox"/>						19. Water from approved source; Plumbing installed; proper backflow device					
<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>					
						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	
Demonstration of Knowledge/ Personnel						Food Temperature Control/ Identification					
<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"/>					
Safe Water, Recordkeeping and Food Package Labeling						29. Thermometers provided, accurate, and calibrated, <u>Chemical/ Thermal test strips</u>					
<input checked="" type="checkbox"/>						Permit Requirement, Prerequisite for Operation					
23. Hot and Cold Water available; adequate pressure, safe						<input checked="" type="checkbox"/>					
<input checked="" type="checkbox"/>						30. Food Establishment Permit (Current & Valid)					
24. Required records available (shellshock tags, parasite destruction); Packaged Food labeled						Utensils, Equipment, and Vending					
Conformance with Approved Procedures						<input checked="" type="checkbox"/>					
<input checked="" type="checkbox"/>						31. Adequate handwashing facilities: Accessible and properly supplied, used					
25. Compliance with Variance, Specialized Process, and HACCP plan; Variance obtained for specialized processing methods; manufacturer instructions						<input checked="" type="checkbox"/>					
Consumer Advisory						<input checked="" type="checkbox"/>					
<input checked="" type="checkbox"/>						32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used					
26. Posting of Consumer Advisories, raw or undercooked foods (Disclosure/Reminder/Buffer Plate) Allergen label						<input checked="" type="checkbox"/>					
<input checked="" type="checkbox"/>						33. Warewashing Facilities; installed, maintained, used/ Service sink or curb cleaning facility provided					

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	
Prevention of Food Contamination						Food Identification					
<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"/>						Physical Facilities					
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"/>					
Proper Use of Utensils						<input checked="" type="checkbox"/>					
<input checked="" type="checkbox"/>						45. Physical facilities installed, maintained, and clean					
39. Utensils, equipment, & linens; properly used, stored, dried, & handled/ In use utensils; properly used						<input checked="" type="checkbox"/>					
<input checked="" type="checkbox"/>						46. Toilet Facilities; properly constructed, supplied, and clean					
40. Single-service & single-use articles; properly stored and used						<input checked="" type="checkbox"/>					
<input checked="" type="checkbox"/>						47. Other Violations					

Received by: (signature) <i>[Signature]</i>	Print: Miguel Richardson	Title: Person In Charge/ Owner
Inspected by: (signature) <i>[Signature]</i>	Print: John Glover	Business Email:

Corrective Actions to Ensure Safe Food

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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>Wing Stop</i>	Physical Address: <i>11750 Hwy 4380 # 2080</i>	City/State: <i>Town of Cross Roads</i>	License/Permit #	Page <i>1</i> of <i>2</i>
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TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
<i>TCS foods (Walk in cooler)</i>	<i>41-45</i>				
<i>TCS foods (Cook's station)</i>	<i>135-155°F</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>14</i>	<i>Food preparation staff is required to use gloves in accordance with TFER. I directed staff to properly use gloves while preparing food.</i>
<i>9</i>	<i>Cover exposed food (cut potatoes) while in storage.</i>
<i>42</i>	<i>Clean non food food contact surfaces; Wall surface adjacent to work table, hand wash sink, utility sink.</i>

Received by: <i>Miguel</i> (signature)	Print: <i>Miguel Richardson</i>	Title: <i>Person In Charge/ Owner</i>
Inspected by: <i>Helen Glover, P.A.</i> (signature)	Print: <i>Helen Glover</i>	Samples: <i>Y</i> <i>N</i> # collected: <i>0</i>