



Texas Department of State Health Services Retail Food Establishment Inspection Report



Date: <u>12-21-22</u>	Time in: <u>10:00 a.m.</u>	Time out: <u>10:30 a.m.</u>	License/Permit #: _____	Est. Type: _____	Risk Category: _____	Page <u>1</u> of <u>2</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: <u>Starbucks # 11560</u>			Contact/Owner Name: _____		* Number of Repeat Violations: _____ ✓ Number of Violations COS: _____	
Physical Address: <u>3138 I-30</u>			City/County: <u>Greenville</u>		Zip Code: <u>75402</u> Phone: _____	
					Follow-up: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (circle one)	

A

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	Item	Compliance Status	Item	Compliance Status	Item
OUT	IN	NO	NA	COS	R
Time and Temperature for Food Safety (F = degrees Fahrenheit)					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Proper cooling time and temperature
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Proper Cold Holding temperature(41°F/ 45°F)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Proper Hot Holding temperature(135°F)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Proper cooking time and temperature
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Proper reheating procedure for hot holding (165°F in 2 Hours)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Time as a Public Health Control; procedures & records Approved Source
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasitic destruction
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Food Received at proper temperature
Protection from Contamination					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Food Separated & protected, prevented during food preparation, storage, display, and tasting
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Food contact surfaces and Returnables - Cleaned and Sanitized at <u>100</u> ppm/temperature <u>RAC</u>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Proper disposition of returned, previously served or reconditioned
Employee Health					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth
Preventing Contamination by Hands					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. Hands cleaned and properly washed/ Gloves used properly
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. No bare hand contact with ready to eat foods or approved alternate method properly followed (APPROVED <u>Y</u> <u>N</u>)
Highly Susceptible Populations					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required
Chemicals					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17. Food additives; approved and properly stored; Washing Fruits & Vegetables
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18. Toxic substances properly identified, stored and used
Water/Plumbing					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19. Water from approved source; Plumbing installed; proper backflow device <u>City of Greenville</u>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20. Approved Sewage/Wastewater Disposal System, proper disposal <u>liquid environment</u>

Priority Foundation Items (2 Points) violations Require Corrective Action within 10 days					
Compliance Status	Item	Compliance Status	Item	Compliance Status	Item
OUT	IN	NO	NA	COS	R
Demonstration of Knowledge/ Personnel					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21. Person in charge present, demonstration of knowledge, and perform duties/ Certified Food Manager (CFM)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22. Food Handler/ no unauthorized persons/ personnel Safe Water, Record Keeping and Food Package Labeling
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23. Hot and Cold Water available; adequate pressure, safe
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24. Required records available (shelf stock tags, parasitic destruction); Packaged Food labeled
Conformance with Approved Procedures					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25. Compliance with Variance, Specialized Process, and HACCP plan; Variance obtained for specialized processing methods; manufacturer instructions
Consumer Advisory					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26. Posting of Consumer Advisories; raw or under cooked foods (Disclosure/Reminder/Buffer Plate)/ Allergen Label
Food Temperature Control/Identification					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28. Proper Date Marking and disposition
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips
Permit Requirement, Prerequisite for Operation					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30. Food Establishment Permit (Current & Valid)
Utensils, Equipment, and Vending					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31. Adequate handwashing facilities: Accessible and properly supplied, used
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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	Item	Compliance Status	Item	Compliance Status	Item
OUT	IN	NO	NA	COS	R
Prevention of Food Contamination					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	34. No Evidence of Insect contamination, rodent/other animals
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	35. Personal Cleanliness/eating, drinking or tobacco use
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	36. Wiping Cloths; properly used and stored
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	37. Environmental contamination
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	38. Approved thawing method
Proper Use of Utensils					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	39. Utensils, equipment, & linens; properly used, stored, dried, & handled/ In use utensils; properly used
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40. Single-service & single-use articles; properly stored and used
Food Identification					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	41. Original container labeling (Bulk Food)
Physical Facilities					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	42. Non-Food Contact surfaces clean
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	43. Adequate ventilation and lighting; designated areas used
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	44. Garbage and Refuse properly disposed; facilities maintained
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45. Physical facilities installed, maintained, and clean
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	46. Toilet Facilities; properly constructed, supplied, and clean
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	47. Other Violations

Received by: <u>[Signature]</u>	Print: <u>Cameron U.</u>	Title: <u>Person In Charge/ Owner</u>
Inspected by: <u>[Signature]</u>	Print: <u>T. McLahan R.S.</u>	Business Email: _____



**Texas Department of State Health Services
Retail Food Establishment Inspection Report**

Establishment Name: <i>Starbucks</i>	Physical Address: <i>3138 F-30</i>	City/State: <i>Greenville</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>RIC</i>	<i>38.5°F</i>				
<i>RIC</i>	<i>39°F</i>				
<i>RIC</i>	<i>35.5°F</i>				
<i>Pre packaged</i>	<i>41°F</i>				

Item Number	OBSERVATIONS AND CORRECTIVE ACTIONS
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AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND NOTED BELOW:

43 Dust build up observed on exhaust vents and vents throughout the store. Clean

44 Trash and debris observed behind dumpster. Clean area.

46 Covered receptacles needed in restrooms for sanitary napkins

Register all Certified food managers with the city

Clean gaskets or replace.

Received by: <small>(signature)</small> <i>Cameron U.</i>	Print: <i>Cameron U.</i>	Title: <i>Person In Charge/ Owner</i>
Inspected by: <small>(signature)</small> <i>T. McMahon R.S</i>	Print: <i>T. McMahon R.S</i>	Samples: <i>Y N</i> # collected