Food Establishment Inspection Report

Establishment Name: STARBUCKS COFFEE CO. #11922

Date: <u>Ø 2</u> / <u>1 4</u> / <u>2 Ø 1 3</u> Status Code: A							
Time In: <u>Ø 2</u>	: <u>Ø Ø ⊗ pm</u> Time Out: <u>Ø 5</u> : <u>Ø Ø ⊗ pm</u>						
Total Time:	3 hrs 0 minutes						
Category #:	I						
Establishment Type: Fast Food Restaurant							

Instructions:

1. Fill in the information below for the Food Establishment:

Location Address: 2785 LEWISVILLE-CLEMMONS RD.							
City: CLEMMONS							
State: NC Zip: 27012							
County: 34 Forsyth							
Permittee: STARBUCKS COFFEE COMPANY							
Telephone: Sinspection Re-Inspection Wastewater System: Municipal/Community On-Site System Water Supply:							

2. Click/fill the appropriate circle For "IN, OUT, N/A, N/O".

IN= In Compliance, OUT= Not in compliance N/O=Not Observed, N/A= Not Applicable

3. Click/check the appropriate Boxes for CDI and/or R, VR.

CDI= Corrected During Inspection R= Repeat Violation VR= Verification Required

4. Continue to page 2 for "Good Retail Practices".

Score: 97

Foodborne Illness Risk Factors and Public Health Interventions

Risk factors: Contributing factors that increase the chance of developing foodborne illness.

Establishment ID: 3034014119

Public Health Interventions: Control measures to prevent foodborne illness or injury.										
Со	mplian	ce Statu	OUT	CDI	R	VR				
Supervision .2652										
1		O O	PIC Present; Demonstration-Certification by accredited program and perform duties	$\bigcirc \bigcirc$ \bigcirc \bigcirc \bigcirc \bigcirc	0	0	0			
Employee Health .2652										
2	⊗ IN	OUT	Management, employees knowledge; responsibilities & reporting	0 0 0 3 1.5 0	0	0	0			
3	IN	OUT	Proper use of reporting, restriction & exclusion	3 1.5 0	0	0	0			
Good Hygienic Practices .2652, .2653										
4	⊗ IN	OUT	Proper eating, tasting, drinking, or tobacco use	2 1 0	0	0	0			
5	⊗ IN	OUT	No discharge from eyes, nose, and mouth	0.5 0	0	0	0			
Pre	eventii	ng Cont	amination by Hands .2652, .2653, .2655, .265	6						
6	⊗ IN	OUT	Hands clean & properly washed	0 0 0 4 2 0	0	0	0			
7		O O	No bare hand contact with RTE foods or pre-approved alternate procedure properly allowed	0 0 0 3 1.5 0	0	0	0			
8	⊗ IN	OUT	Handwashing sinks supplied & accessible	$\begin{array}{c c} \bigcirc \bigcirc \bigcirc \bigcirc \\ 2 & 1 & 0 \end{array}$	0	0	0			
Ap	prove	d Sourc	e .2653, .2655							
9	⊗ IN	OUT	Food obtained from approved source	0 0 0 2 1 0	0	0	0			
10		O & UT N/O	Food received at proper temperature	$\bigcirc\bigcirc\bigcirc\bigcirc$	0	0	0			
11	⊗ IN	OUT	Food in good condition, safe & unadulterated	$\bigcirc \bigcirc \bigcirc$	0	0	0			
12	O O IN OUT	⊗ ○ N/A N/O	Required records available: shellstock tags, parasite destruction	$\bigcirc \bigcirc \bigcirc$	0	0	0			
Pro	otectic	n from	Contamination .2653, .2654							
13	80	0 0	Food separated & protected	000		0	0			
14	8	N/A N/O	Food-contact surfaces: cleaned & sanitized	3 1.5 0	0	0	0			
15	IN & IN	OUT O OUT	Proper disposition of returned, previously served,	3 1.5 0	0	0	0			
Do			reconditioned, & unsafe food rdous Food TIme/Temperature .2653	2 1 0	لتل		Ğ			
16	0 0	<u>○</u> ⊗	Proper cooking time & temperatures	000		0	0			
17	00	N/A N/O	Proper reheating procedures for hot holding	3 1.5 0		0	0			
18		N/A N/O	Proper cooling time & temperatures	3 1.5 0	0					
19	0 0	N/A N/O O	Proper hot holding temperatures	3 1.5 0						
	8 0	N/A N/O	Proper cold holding temperatures	3 1.5 0	0	0	0			
20		N/A N/O		3 1.5 0	0	0	0			
21	O O	N/A N/O	Proper date marking & disposition	3 1.5 0	0	0	0			
22	IN OUT	N/A N/O	Time as a public health control: procedures & records	2 1 0	0	0	0			
Co		er Advis	,							
23	IÑ O	O & UT N/A	Consumer advisory provided for raw or undercooked foods	1 0.5 0	0	0	0			
Hi			ole Populations .2653							
24		UT N/A	Pasteurized foods used; prohibited foods not offered	3 1.5 0	0	0	0			
Ch	emica		.2653, .2657							
25	IN O	O O	Food additives: approved & properly used	0 0 0	0	0	0			
26	⊗ IN O	O O	Toxic substances properly identified stored, & used	$\begin{array}{c c} \bigcirc \bigcirc \bigcirc \bigcirc \\ 2 & 1 & 0 \end{array}$	0	0	0			
Conformance with Approved Procedures .2653, .2654, .2658										
27		O 🗞	Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan	999			0			

North Carolina Department of Health & Human Services ● Division of Public Health Environmental Health Section • Food Protection Program

Food Establishment Inspection Report, continued

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5. Click the appropriate circle to fill-in for "IN, OUT, N/A, N/O".

IN= In Compliance, OUT= Not in compliance N/O=Not Observed, N/A= Not Applicable

- Click or check the appropriate boxes for CDI and/or R, VR CDI= Corrected during Inspection R= Repeat Violation VR= Verification Required Calculate the "Total Deductions" and record.
- 7. Sign and complete "Signature Block".
- 8. Fill in "No. Of Risk Factor Intervention Violations" and "No. of Repeat Risk Factor Intervention Violations".
- 9. Continue to page 3 for "Comment Addendum to Food Establishment Inspection Report".

Signature Block:

Person in Charge (Print)

Person in Charge (Signature)

Daniel Lemons Car a Day
Regulatory Authority (Prin)

Regulatory Authority (Signature)

Contact Number: (<u>336</u>) <u>703</u> - <u>3132</u>

Verification Required Date: ___/ ___/

REHS ID: 1799 - Lemons, Daniel

No. of Risk Factor/ Intervention Violations: 0 No. of Repeat Risk Factor/Intervention Violations:

Good Retail Practices Preventative measures to control the addition of pathogens. chemicals, and physical objects into foods. Compliance Status CDI R VR .2653, .2655, .2658 Safe Food and Water ○ ○ ○ 1 0.5 0 OUT 0 28 Pasteurized eggs used where required \circ 0 0 0 29 0 0 0 Water and ice from approved source OUT O O & IN OUT N/A Variance obtained for specialized processing methods 0 30 0 **Food Temperature Control** .2653, .2654 Proper cooling methods used; adequate equipment for temperature control 0 0 0 OUT 0 0 8 0 0 0 1 0.5 0 ○ ○ ⊗ ○ Plant food properly cooked for hot holding 32 0 0 0 ⊗ ○ ○ ○ Approved thawing methods used IN OUT N/A N/O 0 0 0 1 0.5 0 0 0 0 0 0 1 0.5 0 OUT Thermometers provided & accurate 0 0 0 34 **Food Identification** .2653 OUT Food properly labeled: original container 0 0 0 35 Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657 OUT 0 0 0 36 Insects & rodents not present; no unauthorized animals 0 OUT Contamination prevented during food preparation, 37 0 0 \bigcirc storage & display OUT O O O 38 Personal cleanliness 0 0 0 ⊗ IN OUT 0 0 0 1 0.5 0 0 39 Wiping cloths: properly used & stored 0 0 OUT ○ ○ ○ 1 0.5 0 40 Washing fruits & vegetables 0 0 **Proper Use of Utensils** .2653, .2654 0 0 0 1 0.5 0 ⊗ IN OUT 0 0 41 In-use utensils: properly stored 000Utensils, equipment & linens: properly stored, dried & handled 0 0 42 0 OUT 1 0.5 0 Single-use & single-service articles: properly 43 0 0 0 OUT 1 0.5 0 stored & used ⊗ IN OUT $\overline{000}$ 0 0 44 Gloves used properly 0 1 0.5 0 Utensils and Equipment .2653, .2654, .2663 ⊗ OUT ○ **⊗** ○ 2 1 0 Equipment, food & non-food contact surfaces approved, 45 0 \bigcirc cleanable, properly designed, constructed, & used ⊗ IN OUT 0 0 0 1 0.5 0 Warewashing facilities: installed, maintained, & used; 46 0 0 test strips ⊗ OUT ○ **⊗** ○ 1 0.5 0 47 0 0 0 Non-food contact surfaces clean **Physical Facilities** .2654, .2655, .2656 $\bigcirc \bigcirc \bigcirc \bigcirc$ 2 1 0 OUT Hot & cold water available; adequate pressure 0 0 0 48 OIN 8 49 Plumbing installed; proper backflow devices 0 0 OUT ⊗ IN 0 0 OUT 50 0 0 0 Sewage & waste water properly disposed ⊗ IN OUT 0 0 0 1 0.5 0 Toilet facilities: properly constructed, supplied 0 0 51 0 ⊗ OUT ○ **⊗** ○ 1 0.5 0 Garbage & refuse properly disposed; 52 0 0 facilities maintained 8 $\circ \circ \otimes$ 53 Physical facilities installed, maintained & clean 0 0 0 OUT 1 0.5 0 ⊗ IN OUT 0 0 0 1 0.5 0 Meets ventilation & lighting requirements; 54 0 0 0

North Carolina Department of Health & Human Services ● Division of Public Health

Environmental Health Section ● Food Protection Program

Total Deductions:

Comment Addendum to Food Establishment Inspection Report Establishment Name: STARBUCKS COFFEE CO. #11922 Establishment ID: 3034014119 Date: 02/14/2013 2785 LEWISVILLE-CLEMMONS RD. Status Code: A Location Address: City: CLEMMONS State: NC Category #: _ ^I County: 34 Forsyth Zip: 27012 Email 1: Wastewater System: ⊗ Municipal/Community ○ On-Site System Email 2: Water Supply: Municipal/Community On-Site System Permittee: STARBUCKS COFFEE COMPANY Email 3: Telephone: **Temperature Observations** Location Temp Item Location Temp Item Location Temp Item Milk Front line 38 36 Air temp Reach in refrig 38 Air temp Reach in refrig 39 Reach in refrig Air temp Front display case 37 Air temp 3 comp sink 143 Hot water Milk Walk in cooler 37 Observations and Corrective Actions Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 of the food code. 45 Shelves beginning to chip in the reach in refrigerators./ Back storage rack near walk in has worn finish. Repaint/refinish surface with approved food grade paint./ Replace broken refrigerator gasket./ Repair self closer for the door to the walk in refrigerator. General cleaning needed on overhead storage shelves on the front line. 47 49 Backflow prevention device required below the splitter valve at the can wash. Leaves and debris lying on the ground inside the dumpster coral. Keep dumpster area clean.

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Observations and Corrective Actions

Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 of the food code.

√ Spell

Detailed floor cleaning needed under equipment in the front line.



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