



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



Date: 2025-08-21	Time in:	Time out:	License/Permit #	TMS Number	2025-019731	Page 1 of 3
Purpose of Inspection:		Routine				TOTAL/SCORE
Establishment Name: Crossroads Cafe		Contact/Owner Name:		Number of Repeat Violations: 0 Number of Violations COS: 0		94
Physical Address: 1014 Hwy 67, Alvarado, TX, 76009		City/County: Alvarado	Zip Code: 76009	Phone:	Follow-up: No	

Compliance Status: Out = not in compliance IN = in compliance NO = not observed NA = not applicable COS = corrected on site R = repeat violation

Priority Items (3 Points) violations Require Immediate Corrective Action not to exceed 3 days

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

Received by: (signature) 	Print: Brenda Blotz	Title: Person In Charge/ Owner Manager
Inspected by: (signature) 	Print: Kristen WEATHERFORD	Business Email:





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



Priority Foundation Items (2 Points) <i>violations Require Corrective Action within 10 days</i>													
O U T	I N	N O	N A	C O S	Demonstration of Knowledge/ Personnel	R	O U T	I N	N O	N A	C O S	Food Temperature Control/ Identification	R
	IN				21. Person in charge present, demonstration of knowledge, and perform duties/ Certified Food Manager (CFM)			2-OUT				27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature	
	IN				22. Food Handler/ no unauthorized persons/ personnel			IN				28. Proper Date Marking and disposition	
					Safe Water, Recordkeeping and Food Package Labeling			IN				29. Thermometers provided, accurate, and calibrated; Chemical/Thermal test strips	
	IN				23. Hot and Cold Water available; adequate pressure, safe		Permit Requirement, Prerequisite for Operation						
	IN				24. Required records available (shellstock tags; parasite destruction); Packaged Food labeled			IN				30. Food Establishment Permit (Current & Valid)	
					Conformance with Approved Procedures		Utensils, Equipment, and Vending						
	IN				25. Compliance with Variance, Specialized Process, and HACCP plan; Variance obtained for specialized processing methods; manufacturer instructions			IN				31. Adequate handwashing facilities: Accessible and properly supplied, used	
					Consumer Advisory			2-OUT				32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used	
	IN				26. Posting of Consumer Advisories; raw or under cooked foods (Disclosure/Reminder/Buffer Plate)/ Allergen Label							33. Ware washing Facilities; installed, maintained, used/ Service sink or curb cleaning facility provided	

Core Items (1 Point) <i>Violations Require Corrective Action Not to Exceed 90 Days or Next Inspection, Whichever Comes First</i>													
O U T	I N	N O	N A	C O S	Prevention of Food Contamination	R	O U T	I N	N O	N A	C O S	Food Identification	R
	IN				34. No Evidence of Insect contamination, rodent/other animals			1-OUT				41. Original container labeling (Bulk Food)	
	IN				35. Personal Cleanliness/eating, drinking or tobacco use		Physical Facilities						
	IN				36. Wiping Cloths; properly used and stored			1-OUT				42. Non-Food Contact surfaces clean	
	IN				37. Environmental contamination			IN				43. Adequate ventilation and lighting; designated areas used	
	IN				38. Approved thawing method			IN				44. Garbage and Refuse properly disposed; facilities maintained	
					Proper Use of Utensils			IN				45. Physical facilities installed, maintained, and clean	
	IN				39. Utensils, equipment, & linens; properly used, stored, dried, & handled/ In use utensils; properly used			IN				46. Toilet Facilities; properly constructed, supplied, and clean	
	IN				40. Single-service & single-use articles; properly stored and used			IN				47. Other Violations	

Received by: (signature) 	Print: Brenda Blotz	Title: Person In Charge/ Owner Manager
Inspected by: (signature) 	Print: Kristen WEATHERFORD	Business Email:



Texas Department of State Health Services
Retail Food Establishment Inspection Report



BUREAU
VERITAS

TEMPERATURE OBSERVATIONS		
Item/Location	Temp	
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:	
18	Shall label spray bottles.	
27	Observed gravy and mash potatoes cooling at room temperature. Shall cool in ice bath or chill stick /wand when cooling out at room temperature.	
32	Shall clean and sanitize can opener. Shall clean and sanitize slicer.	
41	Shall label bulk bins.	
42	Shall clean residue /grease build up in between cook top and drawer coolers.	
Samples: No		# Collected:
Received (signature) <i>Brenda Blotz</i>	Print: Brenda Blotz	Title: Person In Charge/ Owner Manager
Inspected by: (signature) <i>Kristen Weatherford</i>	Print: Kristen WEATHERFORD	

Retail Food Establishment Inspection Report

Date: 10/09/2024	Time in: 10:21 AM	Time out: 11:33 AM	License/Permit # -	TMS Project # 2024-012239	Page 1 of 2
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Purpose of Inspection:	1-Compliance <input checked="" type="checkbox"/>	2-Routine <input type="checkbox"/>	3-Field Investigation <input type="checkbox"/>	4-Visit <input type="checkbox"/>	5-Other <input type="checkbox"/>	TOTAL/SCORE
Establishment Name: Crossroads Cafe		Contact/Owner Name: Bailey Vidaurri		* Number of Repeat Violations: 0 ✓ Number of Violations COS: 0		88/100
Physical Address: 1014 Hwy 67		City/County: Alvarado/Johnson County		Zip Code: 76009 Phone: 000-000-0000		

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	O U T	I N	N O	N A	C O S	Description	R	Compliance Status	O U T	I N	N O	N A	C O S	Description	R
						Time and Temperature for Food Safety (F = degrees Fahrenheit)								Employee Health	
						1. Proper cooling time and temperature								12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting	
3						2. Proper Cold Holding temperature(41°F/ 45°F)								13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth	
						3. Proper Hot Holding temperature(135°F)								Preventing Contamination by Hands	
						4. Proper cooking time and temperature								14. Hands cleaned and properly washed/ Gloves used properly	
						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)	
						6. Time as a Public Health Control; procedures & records								Highly Susceptible Populations	
						Approved Source								16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required	
						7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction								Chemicals	
						8. Food Received at proper temperature								17. Food additives; approved and properly stored; Washing Fruits & Vegetables	
						Protection from Contamination								18. Toxic substances properly identified, stored and used	
						9. Food Separated & protected, prevented during food preparation, storage, display, and tasting								Water/ Plumbing	
						10. Food contact surfaces and Returnables ; Cleaned and Sanitized at ppm/temperature								19. Water from approved source; Plumbing installed; proper backflow device	
						11. Proper disposition of returned, previously served or reconditioned								20. Approved Sewage/Wastewater Disposal System, proper disposal	

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

Compliance Status	O U T	I N	N O	N A	C O S	Description	R	Compliance Status	O U T	I N	N O	N A	C O S	Description	R
						Demonstration of Knowledge/ Personnel								Food Temperature Control/ Identification	
						21. Person in charge present, demonstration of knowledge, and perform duties/ Certified Food Manager (CFM)								27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature	
						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 (shellstock tags; parasite destruction); Packaged Food labeled								30. Food Establishment Permit (Current & Valid)	
						Conformance with Approved Procedures								Utensils, Equipment, and Vending	
						25. Compliance with Variance, Specialized Process, and HACCP plan; Variance obtained for specialized processing methods; manufacturer instructions								31. Adequate handwashing facilities: Accessible and properly supplied, used	
						Consumer Advisory								32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used	
						26. Posting of Consumer Advisories; raw or under cooked foods (Disclosure/Reminder/Buffer Plate)/ Allergen Label								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	O U T	I N	N O	N A	C O S	Description	R	Compliance Status	O U T	I N	N O	N A	C O S	Description	R
						Prevention of Food Contamination								Food Identification	
						34. No Evidence of Insect contamination, rodent/other animals								41. Original container labeling (Bulk Food)	
1						35. Personal Cleanliness/eating, drinking or tobacco use								Physical Facilities	
						36. Wiping Cloths; properly used and stored								42. Non-Food Contact surfaces clean	
						37. Environmental contamination								43. Adequate ventilation and lighting; designated areas used	
						38. Approved thawing method								44. Garbage and Refuse properly disposed; facilities maintained	
						Proper Use of Utensils								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 constructed, supplied, and clean	
						40. Single-service & single-use articles; properly stored and used								47. Other Violations	

Received by: (signature) <i>Bailey Vidaurri</i>	Print: Bailey Vidaurri	Phone # / email: Bailey.vidaurri13@gmail.com
Inspected by: (signature) <i>Tina Moore</i>	Print: Tina Moore, RS	Inspector's Phone #

Retail Food Establishment Inspection Report

Date: 10/09/2024	Establishment Name: Crossroads Cafe	Physical Address: 1014 Hwy 67	City/State: Alvarado, TX	License/Permit # -	Page 2 of 2
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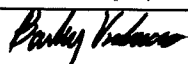
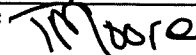
TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
2 - RIC serving station	39				
2 - RIC cookline prep tomato	39				
2 - Meat RIC cookline raw steak	48				
2 - Meat RIC cookline raw chicken	38				
2 - Hamburger drawer under cookline	42				
2 - Ham drawer under cookline	41				
3 - Sausage gravy hot well	190				
3 - Tomato soup hot well	187				

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:
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- 2 - Cold hold food shall be maintained an internal temperature of 41 degrees or below, Discard foods out of temp 4 hours or greater. Rapid cool foods held above 41 degrees less than 4 hours. Recommend shallow pan for steak to keep temp at or below 41 degrees.
- 10 - Dish machine 100 ppm chlorine
- 28 - Observed fish and taco meat mixture not date in WIC. TCS foods shall be date labeled with 7 day expiration date. Date prepared counts as day one, 6 days.
- 29 - Shall provide thermo in pie and fruit prep refrigerator.
- 31 - Shall use hand wash sinks for hand wash only. Provide soap and paper towel at cookline hand sink.
- 35 - Employee drinks shall have lid and straw ONLY (no screw, flip or pull tops). Store in designated
- 37 - Foods shall be covered in cold storage.
- 45 - Clean wall on cookline next to hand sink.

Registered Food Service manager Bailey Vidaurri	Certificate #:	Exp. Date: 07/28/2029
Pest Control Company Drop shot		Service Date: 08/20/2024
Grease Trap Service Company Earthtek		Service Date: 07/24/2024
Received by:  (signature)	Print: Bailey Vidaurri	Phone # / email: Bailey.vidaurri13@gmail.com
Inspected by:  (signature)	Print: Tina Moore, RS	Inspector's Phone #

Retail Food Establishment Inspection Report

Date: 05/07/2024	Establishment Name: Crossroads Cafe	Physical Address: 1014 Hwy 67	City/State: Alvarado, TX	License/Permit # -	Page 2 of 2
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TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
1 - Bucket of beans-WIC	50	3 - Gravy- steam table	172		
2 - Chopped Lettuce-stove top RIC	64	3 - Gravy-warmer	173		
2 - Sliced tomato-top prep cooler	39	3 - Tomato soup-warmer	175		
2 - Chicken salad-bottom prep cooler	38				
2 - Pie cooler	39				
2 - Slice tomato-WIC	38				
2 - Diced tomato-WIC	38				
2 - Sliced meat-WIC	39				

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:
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1 - Shall properly cool food items within proper time frame. Shall cool food from 135degrees to 70degrees within 4hours and from 70degrees to 41degrees with an additional 2 hours. Observed bucket of beans in the walk in cooler that was cooked yesterday and temped 50degrees today. Beans were voluntarily discarded.

2 - Shall maintain cold food items 41degrees or below. Observed chopped lettuce under the stove top in the RIC at 64degrees. Lettuce was chopped at 6:30AM. Lettuce was rapidly chilled to 40degrees in an ice bath and put in the walk in cooler. Corrected on site.

9 - Observed raw beef above open container of pickles. Observed raw eggs in shell stored in a container on top of fresh ready to eat berries on the prep line. Corrected on site.

10 - Dish machine bleach sanitizer tested 50PPM CL, in compliance.

21 - A certified food manager shall be on site at all times of operation.


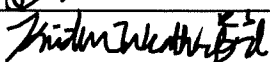
28 - Observed sliced meats in the walk in cooler without date marks. Date mark items once opened and or prepared.

29 - Note: obtain sanitizer test strips.

30 - Permit valid until 02/19/2025.

38 - Thawing under refrigeration, in compliance.

AdditionalComments:Print this report and keep on site. Note: back door shall self close/self latch.

Registered Food Service manager Not available	Certificate #:	Exp. Date:
Pest Control Company Drop shot		Service Date: 04/16/2024
Grease Trap Service Company Not Available		Service Date:
Received by: (signature) 	Print: DJ Mena	Phone # / email: Crossroadscfetx@gmail.com
Inspected by: (signature) 	Print: Kristen Weatherford, RS	Inspector's Phone # 817-223-4834

Retail Food Establishment Inspection Report

Bureau Veritas North America, Inc.

Date: 2-16-24	Time in:	Time out:	License/Permit #	Est. Type	Risk Category	Page ___ of ___
Purpose of Inspection: <input type="checkbox"/> 1-Compliance <input type="checkbox"/> 2-Routine <input type="checkbox"/> 3-Field Investigation <input type="checkbox"/> 4-Visit <input type="checkbox"/> 5-Other TOTAL/SCORE						
Establishment Name: Crossroads Cafe			Contact/Owner Name:		* Number of Repeat Violations: ___ ✓ Number of Violations COS: ___	
Physical Address: 10441 Hwy 67		City/County: Alvarado		Zip Code:	Phone:	Follow-up: Yes No (circle one)

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						R	Compliance Status						R
OUT	IN	NO	NA	COS			OUT	IN	NO	NA	COS		
Time and Temperature for Food Safety (F = degrees Fahrenheit)							Employee Health						
												12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting	
												13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth	
												Preventing Contamination by Hands	
												14. Hands cleaned and properly washed/ Gloves used properly	
												15. No bare hand contact with ready to eat foods or approved alternate method properly followed (APPROVED Y N)	
												Highly Susceptible Populations	
												16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required	
												Chemicals	
												17. Food additives; approved and properly stored; Washing Fruits & Vegetables	
												18. Toxic substances properly identified, stored and used	
												Water/ Plumbing	
												19. Water from approved source; Plumbing installed proper backflow device	
												20. Approved Sewage/Wastewater Disposal System, proper disposal	

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

Compliance Status						R	Compliance Status						R
OUT	IN	NO	NA	COS			OUT	IN	NO	NA	COS		
Demonstration of Knowledge/ Personnel							Food Temperature Control/ Identification						
												27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature	
												28. Proper Date Marking and disposition	
												29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips	
												Permit Requirement, Prerequisite for Operation	
												30. Food Establishment Permit (Current & Valid)	
												Utensils, Equipment, and Vending	
												31. Adequate handwashing facilities: Accessible and properly supplied, used	
												32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used	
												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						R	Compliance Status						R
OUT	IN	NO	NA	COS			OUT	IN	NO	NA	COS		
Prevention of Food Contamination							Food Identification						
												41. Original container labeling (Bulk Food)	
												Physical Facilities	
												42. Non-Food Contact surfaces clean	
												43. Adequate ventilation and lighting; designated areas used	
												44. Garbage and Refuse properly disposed; facilities maintained	
												45. Physical facilities installed, maintained, and clean	
												46. Toilet Facilities; properly constructed, supplied, and clean	
												47. Other Violations	

Received by: <i>[Signature]</i>	Print: Ashia Rene	Title: Person In Charge/ Owner
Inspected by: Lisa Pomroy, R-S	Print: Lisa Pomroy, R-S	Business Email:

Retail Food Establishment Inspection Report

Bureau Veritas North America, Inc.

216-24

Establishment Name: <i>Crossroads Cafe</i>	Physical Address: <i>1014W Hwy 67</i>	City/State: <i>Alvarado</i>	License/Permit #	Page <u> </u> of <u> </u>
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TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	<p>AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND NOTED BELOW:</p> <p><i>Hand sinks ✓ 100°+ ✓</i></p> <p><i>3-comp sink ✓ New Dish machine</i></p> <p><i>Hot/service sink ✓</i></p> <p><i>Refrigeration all below 40° w/ thermometers</i></p> <p><i>Floors, walls & ceilings are smooth & easily cleanable - Brick wall in store room shall not have open food or food prep</i></p> <p><i>— Seal beside cook line hand sink,</i></p> <p><i>— Seal raw wood shelves</i></p> <p><i>— Secure refrigeration which is outside</i></p> <p><i>— Need self closure on all eqts</i></p> <p><i>Need door sweep on storage room eqit</i></p> <p><i>** Shall not be using trailer behind</i></p> <p align="center" style="border: 2px solid black; border-radius: 50%; padding: 10px; display: inline-block;"><i>Health final approved</i></p>
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Received by: (signature) <i>[Signature]</i>	Print: <i>Arria Mena</i>	Title: Person In Charge/ Owner
Inspected by: (signature) <i>Lisa Pomroy, R.S</i>	Print: <i>Lisa Pomroy, R.S</i>	Samples: Y N # collected