Retail Food Establishment Inspection Report

First aid kit
Allergy policy
Vomit clean up
Employee health

Date: 1/29/2025			10:30								Est. Type Risk Category Page 1 of							
Purpose of Inspection: 1-Routine 2-Follow Up 3-Complain Establishment Name: Contact/Owner Na The Cort Inspection: 1-Routine 2-Follow Up 3-Complain							e:	* Nı					5-CO/Construction 6-Other TOTAL/SCO * Number of Repeat Violations:	RE				
The Oar House Physical Address: Pest control:							Hood Grease trap :				ease	e trap: Follow-up: Yes /	/A					
30					kwall, TX Status: Out = not in cor	TNI - :	entokil/1-7-2 compliance	2025 NO=1			a's/1-4-				1000gal/11-4-2024 No □	ch		
	ark t	he ap	prop	riate	points in the OUT box for	each numbered it		∕Iark'✓' a	chec	ekma	rk in med	appro iate	opriat Corr	te bo recti	pplicable COS = corrected on site R = repeat violation W-Wate ox for IN, NO, NA, COS Mark an in appropriate box for R rive Action not to exceed 3 days	CII		
O U					Time and Temperature for Food Safety (F = degrees Fahrenheit)					O U	I N	N O						
Т	.,			S	1. Proper cooling time a		-			Т				S	12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting			
	~				2. Proper Cold Holding	temperature(A1	°E/45°E)				_				13. Proper use of restriction and exclusion; No discharge from	_		
	~				2. I Toper Cold Holding	temperature(+1	17 43 1)				~				eyes, nose, and mouth			
	~				3. Proper Hot Holding to	emperature(135	i°F)								Preventing Contamination by Hands			
		~			4. Proper cooking time a						~				14. Hands cleaned and properly washed/ Gloves used properly			
	~				5. Proper reheating proc Hours)	cedure for hot ho	olding (165°F ii	1 2			~				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			ocedures & reco	ords							Highly Susceptible Populations					
					Approved Source 7. Food and ice obtained from approved source; Food in								16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required					
	~				good condition, safe, an destruction Sysco		•								Chemicals			
	~				8. Food Received at pro		2				~				17. Food additives; approved and properly stored; Washing Fruits & Vegetables Water only			
						from Contami	ination				~				18. Toxic substances properly identified, stored and used			
	~				9. Food Separated & propreparation, storage, dis										Water/ Plumbing			
	~				10. Food contact surface Sanitized at100	es and Returnab ppm/temperatur	oles ; Cleaned ar	nd		П	~			+	19. Water from approved source; Plumbing installed; proper backflow device	Γ		
	~				11. Proper disposition o reconditioned disca		riously served or	r			~				20. Approved Sewage/Wastewater Disposal System, proper disposal			
				-	Pric	ority Founda	ation Items (_	_		_		_	rrective Action within 10 days			
O U T	I N	N O	N A	C O S	Demonstration	of Knowledge/	/ Personnel	R	_	olati O U T	ions . I N	Requ N O	N	Cor C O S	rrective Action within 10 days Food Temperature Control/ Identification	R		
		N O		О	Demonstration 21. Person in charge pre and perform duties/ Cer 2	esent, demonstrartified Food Mar	/ Personnel ation of knowle nager/ Posted	R	_	O U	I	N	N	C O	Food Temperature Control/ Identification 27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature	R		
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Received by: (signature) Renato Cardoso	Print: Renato Cardoso	Title: Person In Charge/ Owner Manager
Inspected by: Christy Cortez, RS	Print: Christy Cortez, RS	Business Email:

Form EH-06 (Revised 09-2015)

	ment Name: Oar House	Physical A	ddress:	City/State: Rockwa	II. TX	FOOD5043	2 of <u>2</u>				
	<u> </u>	1 000 2	TEMPERATURE OBSERVAT		, 173						
Item/Loc	ation	Temp F	Item/Location	Temp F Item/Location 40/40 WIC/rice			Temp F				
-	wells/lobster bisque	158	pasta/pasta	40/40		39					
F	ava beans	180	large cold top/tomatoes	41	n	37					
small co	old top/stuffed mushrooms	40	potato	41	C	36					
	lasagna	41	butter	41	cool	38					
	pasta	39	under/shrimp	39	raw beef		37				
CL	ıt tomatoes	39	steak/ mussels	36/41	SW	39					
dra	wers/shrimp	40	chicken	41	k	40					
	salmon	41	reach in freezer ambient	4							
_		OB	SERVATIONS AND CORRECTIV	VE ACTION	NS		•				
Item Number	AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND NOTED BELOW:										
	Hand sink 100+F equipped										
	3 comp sink 120F										
	Dishwasher sanitizi	ng at 10	Oppm chlorine								
31	Need to keep hand sink accessible/ no personal coffee cups or ice molds to be stored in hand sink										
32	Need to address cu	tting bo	ards/to clean or replace								
	Sani buckets setup to 100ppm chlorine										
42	To clean shelves, o	rganize	, discard unused items t	o better	clean						
45	To clean in crevices	s, walls,	fill gaps and cracks in w	/alls							
45	To clean floors and	under e	quipment								
45			oughout and in various pla		tchen/to	be made cleanable					
42			ezer/some food debris	on floor							
			ty and rusty/to address								
42	To clean fan guard										
42	To clean fan guards			and on	ممادمط						
28			scard at day 7 once ope	ened or o	cookea						
45	Chlorine test strips/current To clean ceiling tiles, air return vents										
75	To clean ceiling tiles, air return vents Bar hand sink 126F/with soap, need paper towels during surface										
	Bar 3 comp sink 130F										
	Alcohol bottles covered nightly										
34	One dead roach in bar										
40	To discard single us										
Dogo! 1	by		Drint:			Title: Person In Charge/ Owner					
Received (signature)			Renato C	Cardo	so	Manager William					
Inspected (signature)		tez. 1	Christy Co	ortez.							
Form EH-06	6 (Revised 09-2015)	0, 1		- ,		Samples: Y N # collect	ed				