Followup fee of \$50.00 after First Followup

## **Retail Food Establishment Inspection Report**

First aid kit
Allergy policy
Vomit clean up
Employee health

## City of Rockwall

6/11/25			1:40   3:20   Eicense/Permi									<b>3</b>	All	Page <u>1</u> of <u>1</u>				
Purpose of Inspection: 1-Routine 2-Follow Up 3-Complain				int	4-	4-Investigation				5-CO/Construction	6-Other	TOTAL/SCORE	SCORE					
Establishment Name: Contact/Owner N Sear Steak House Gale Flecter						Vame:						Number of Repeat Violations: Number of Violations COS:						
Physical Address: 2101 Summer Lee Dr Rockwall, Jeeper creepers month								Hood (		Gr	ease	e trap :/ waste oil	Follow-up: Yes	3/97/A				
					tatus: Out = not in compliance	IN = in compli		$\mathbf{O} = \mathbf{no}$	٠			-				lation W= Watch		
M	ırk tl	ne ap	prop	riate	points in the OUT box for each num	bered item	Mark '	√' a cl	heckm	ark in	appr	opriat	e bo	ox for IN, NO, NA, COS Mar		e box for R		
Co	mpli	npliance Status						R	_	ompl		ce Statı		tive Action not to exceed 3 days			R	
U T	N	O A O S (F = degrees Fahrenheit)			K	U	N	0	A	o s	Emplo	oyee Health						
	/			S (F = degrees Fahrenheit)  1. Proper cooling time and temperature  See					/				12. Management, food employ knowledge, responsibilities, an	employees;				
	~			2. Proper Cold Holding temperature(41°F/ 45°F) See					~				13. Proper use of restriction an eyes, nose, and mouth Employee health form		charge from			
		~			3. Proper Hot Holding temperatu	ire(135°F)									tamination by Han	ds		
		~			4. Proper cooking time and temp	erature				~				14. Hands cleaned and proper	ly washed/ Gloves u	sed properly		
		/			5. Proper reheating procedure for Hours)	r hot holding (	(165°F in 2			~				15. No bare hand contact with ready to eat foods or approved alternate method properly followed (APPROVED Y N ) Gloves & utensils				
	/				6. Time as a Public Health Contr	rol; procedure	s & records			<u>                                     </u>					eptible Populations			
					Approved S	Source				Pasteurized eggs used when r				16. Pasteurized foods used; pro		ered		
	~				7. Food and ice obtained from ap good condition, safe, and unadul destruction Sysco/Allen	terated; parasi Brother	ite			Shell eggs Chemicals								
	/				8. Food Received at proper temp Checking	erature				~				17. Food additives; approved a & Vegetables Water				
					Protection from Co					<b>'</b>				18. Toxic substances properly Stored low and se	identified, stored an eparate	d used		
	/				9. Food Separated & protected, p preparation, storage, display, and		ing food								r/ Plumbing			
	~				10. Food contact surfaces and Re Sanitized at 200 ppm/temp		leaned and			~			i	19. Water from approved source backflow device City approved	ce; Plumbing installe	ed; proper		
	~				11. Proper disposition of returned reconditioned Discard	d, previously	served or			~				20. Approved Sewage/Wastew disposal	vater Disposal Syster	n, proper		
					Duionite: E				_		_		_					
0	т	N	N	С	Friority F	oundation l	Items (2 Po		_	_				rective Action within 10 days		T 1	D	
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## **Retail Food Establishment Inspection Report**

## City of Rockwall

Received by: (signature) Cody Becker	Print: Cody Becker	Title: Person In Charge/ Owner GM
Inspected by: Richard Hill	Print:Richard Hill	Business Email:

Form EH-06 (Revised 09-2015)

	ment Name: Steak House	Physical A	ddress: Summer Lee Dr	City/State: Rockwall	Ty	License/Permit # FS-0004228	Page	2 of 2		
Jean	Olean House	2101	TEMPERATURE OBSERVA		, 17	1 0 0004220	<u>'  </u>			
Item/Loc	cation	Temp	Item/Location	Temp	Item/Loca	tion		Temp		
WIC meats amb		35	WIF HTT	5.7	Service Line					
	Seabass	37	UC cooler		Prep sides cooler					
Crab	cakes /oyster on ice	37/37	SC/Milk	40/40	- actaronnoadod chiz			39/39		
Raw s	teak / seasoned pork	37/ 39	Salad prep cooler		Sauté prep cooler					
	Raw chicken	37	Blue Cheese/Lettuce	40/39	Sliced tom/cuscus UC fridge 1/2 amb			38/37		
	WIC amb		Dessert Cooler					39/37		
Who	le Tom/Wht cheddar	42/40	Whip	39	Flatto	p drawers en	npty	41		
	Milk/buttermilk	39/40	UR Freezer HT	Γ Def						
Itam			SERVATIONS AND CORRECT							
Item Number	AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND NOTED BELOW: all temperatures are taken in F									
	Rear service door gaskets look great, confirmed air curtain operations									
	Dishwasher confirmed 100ppm, chlorine strips current  Restrooms equipped, temp greater than 100 in each room									
	1		than 110 throughout kitc							
	3 comp sink not set up, 130, Quat sani 200ppm, stripes current									
	Oyster tags onsite greater than 90 days, no issues									
28	Crab cakes dated 6/3 digital thermo onsite	and file	5/29, no date on bigger	beef						
W		and drin	travs changing daily looks	hood :						
45		ng tin foil in ovens and drip trays, changing daily, looks good d on ceiling ac vents on service line due to condensation, to address asap								
45	A few missing tiles next to stove, to replace finish out to make cleanable									
	Ice machine confirmed air gap									
	Great practice hanging mop heads to drip dry over mop sink									
	Bar									
	Hand sink equipped, temp observed 114									
	Dishwasher confirmed 100ppm									
W	No fruit flies during this insp									
	Beer cooler 39, glass	chiller 24	, bottle beer cooler 39, hw	40						
	Using draft plugs and rubber tips for alcohol bottles									
	Bar WIC amb temp 36									
	Health permit is posted and current									
Received by: Print: Title: Per							/ 0			
(signature)		/e	See ab	ove		Title: Person In Charge	owner			
Inspecte (signature)			Richard			Samples: Y N	# collect	ted		
Form FILO	6 (Revised 09-2015)		·			Sumpres. 1 IV 1	conect	-u		