

Retail Food Establishment Inspection Report

<input checked="" type="checkbox"/>	First aid kit
<input checked="" type="checkbox"/>	Allergy policy
<input checked="" type="checkbox"/>	Vomit clean up
<input checked="" type="checkbox"/>	Employee health

Date: 1/30/2026	Time in: 10:30	Time out: 11:30	License/Permit # need to post current	Est. Type	Risk Category	Page <u>1</u> of <u>2</u>
---------------------------	--------------------------	---------------------------	---	-----------	---------------	---------------------------

Purpose of Inspection: <input checked="" type="checkbox"/> 1-Routine	<input type="checkbox"/> 2-Follow Up	<input type="checkbox"/> 3-Complaint	<input type="checkbox"/> 4-Investigation	<input type="checkbox"/> 5-CO/Construction	<input type="checkbox"/> 6-Other	TOTAL/SCORE
--	--------------------------------------	--------------------------------------	--	--	----------------------------------	-------------

Establishment Name: The Oar House	Contact/Owner Name:	* Number of Repeat Violations: _____	10/90/A
Physical Address: 303 E I-30 Rockwall, TX	Pest control : Rentokil/1-5-2026	Grease trap : LES/1000gal/8-21-2025	

Compliance Status: **Out** = not in compliance **IN** = in compliance **NO** = not observed **NA** = not applicable **COS** = corrected on site **R** = repeat violation **W** = Watch
 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 **X** in appropriate box for **R**

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

Compliance Status						Compliance Status					
OUT	IN	NO	NA	COS	R	OUT	IN	NO	NA	COS	R
Time and Temperature for Food Safety (F = degrees Fahrenheit)						Employee Health					
	✓						✓				
	✓						✓				
	✓					Preventing Contamination by Hands					
		✓					✓				
		✓					✓				
		✓				Highly Susceptible Populations					
							✓				
3						Chemicals					
	✓						✓				
Protection from Contamination							✓				
	✓					Water/ Plumbing					
	✓						✓				
	✓						✓				

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

Compliance Status						Compliance Status					
OUT	IN	NO	NA	COS	R	OUT	IN	NO	NA	COS	R
Demonstration of Knowledge/ Personnel						Food Temperature Control/ Identification					
	✓						✓				
	✓										
Safe Water, Recordkeeping and Food Package Labeling							✓				
	✓					Permit Requirement, Prerequisite for Operation					
	✓						✓				
Conformance with Approved Procedures						Utensils, Equipment, and Vending					
	✓						W				
Consumer Advisory							2				
	✓						✓				

Core Items (1 Point) Violations Require Corrective Action Not to Exceed 90 Days or Next Inspection, Whichever Comes First

Compliance Status						Compliance Status					
OUT	IN	NO	NA	COS	R	OUT	IN	NO	NA	COS	R
Prevention of Food Contamination						Food Identification					
	✓						✓				
1						Physical Facilities					
	W						1				
	✓						✓				
	✓						✓				
Proper Use of Utensils							1				
	✓						✓				
	✓						✓				

Received by: (signature) <i>Will McMullen</i>	Print: Will McMullen	Title: Person In Charge/ Owner Manager
Inspected by: (signature) <i>Christy Cortez, RS</i>	Print: Christy Cortez, RS	Business Email:

Form EH-06 (Revised 09-2015)

Establishment Name: The Oar House	Physical Address: 303 E I-30	City/State: Rockwall, TX	License/Permit # need to post current	Page 2 of 2
---	--	------------------------------------	--	---------------------------

TEMPERATURE OBSERVATIONS					
Item/Location	Temp F	Item/Location	Temp F	Item/Location	Temp F
salad cold top/cut tomatoes	38			drawers/crab	40
lettuce/shrimp	38/39			steak	39
2 door reach in freezer ambient	-3	steam well/soup	166/169	line steam well/sauce	168
WIC/roasted veggies	40	line cold top/pasta	39/39	cream sauce	170
lasagna	41	stuffed mushrooms/lasagna	41/41		
raw chicken/raw steak	41	beef/ salmon/ pork	39/40/40		
cheese	41	large cold top/ cut tomatoes	40		
		mushrooms	41		

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:
	3 comp sink 122F
	Dishwasher sanitizing at 100ppm chlorine
	Prep hand sink 120+F equipped
W	To store employee drinks low and separate/ not over prep areas/no screw top water bottles/ use cup w/lid and straw instead
	Sani bucket setup to 100ppm chlorine
42	Need to clean inside reach in freezer/organize
45/42	Need to clean under equipment, behind equipment/in between/food debris
45	To clean air return vents
42	Need to clean in/around/on equipment/ lots of grease buildup and food debris
W	Need to store wiping cloths in sani buckets/not on prep tables and cutting boards
28	Need to date mark all foods once cooked or opened/discard 6 days later
32	To address cutting boards where discolored/ scored
7	Removed several dented cans/expired cans
45	To patch holes in walls
45	To repair broken baseboards by service door
	Food supplier Sysco
45	To address floor maintenance in back/some missing grout
W	Bar hand sink 100F/need paper towels
	Bar 3 comp sink 110+F
	Using steramine tabs for bar warewashing
W	To watch condition of bar top/to be sealed to be cleanable

Received by: (signature) <i>Will McMullen</i>	Print: Will McMullen	Title: Person In Charge/ Owner Manager
Inspected by: (signature) <i>Christy Cortez, RS</i>	Print: Christy Cortez, RS	Samples: Y N # collected

Form EH-06 (Revised 09-2015)