

# Retail Food Establishment Inspection Report

- First aid kit
- Allergy policy
- Vomit clean up
- Employee health

Date: <b>4/24/2026</b>	Time in: <b>3:15</b>	Time out: <b>4:30</b>	License/Permit # <b>FS-8466</b>	Est. Type	Risk Category	Page <u>1</u> of <u>2</u>
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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
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Establishment Name: <b>Dodie's Cajun Diner</b>	Contact/Owner Name:	* Number of Repeat Violations: _____	<b>13/87/B</b>
		✓ Number of Violations COS: _____	

Physical Address: <b>2067 Summer Lee Dr Rockwall, TX</b>	Pest control : <b>Massey/4-23-2026</b>	Hood <b>H-M/4-7-2025</b>	Grease trap : <b>Earth Tek/11-5-2026/1500gal</b>	Follow-up: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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**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
<b>Time and Temperature for Food Safety</b> (F = degrees Fahrenheit)						<b>Employee Health</b>					
	✓					✓					
<b>3</b>						✓					
	✓					<b>Preventing Contamination by Hands</b>					
	✓					✓					
	✓					✓					
	✓					<b>Highly Susceptible Populations</b>					
	✓					✓					
<b>Approved Source</b>						<b>Chemicals</b>					
	✓					✓					
	✓					✓					
<b>Protection from Contamination</b>						<b>Water/ Plumbing</b>					
	✓					✓					
<b>3</b>						✓					
	✓					✓					

### 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
<b>Demonstration of Knowledge/ Personnel</b>						<b>Food Temperature Control/ Identification</b>					
	✓					✓					
	✓					✓					
<b>Safe Water, Recordkeeping and Food Package Labeling</b>						<b>2</b>					
	✓					<b>Permit Requirement, Prerequisite for Operation</b>					
	✓					✓					
<b>Conformance with Approved Procedures</b>						<b>Utensils, Equipment, and Vending</b>					
	✓					✓					
<b>Consumer Advisory</b>						<b>2</b>					
	✓					✓					

### 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
<b>Prevention of Food Contamination</b>						<b>Food Identification</b>					
<b>1</b>						✓					
	✓					<b>Physical Facilities</b>					
	✓					<b>1</b>					
	✓					✓					
	✓					✓					
<b>Proper Use of Utensils</b>						<b>1</b>					
	✓					✓					
	✓					✓					

1st followup is free. Any additional followups will result in a \$75 fee.

**Retail Food Establishment Inspection Report**

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

Form EH-06 (Revised 09-2015)

Establishment Name: <b>Dodie's Cajun Diner</b>	Physical Address: <b>2067 Summer Lee Dr</b>	City/State: <b>Rockwall, TX</b>	License/Permit # <b>FS-8466</b>	Page <u>2</u> of <u>2</u>
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**TEMPERATURE OBSERVATIONS**

Item/Location	Temp F	Item/Location	Temp F	Item/Location	Temp F
salad cooler/cut lettuce	41	crab cake/pasta	41/41	black freezer	-5
ranch on bottom	43	crab freezer	-2	2 door reach in freezer	3
right side cold top/shrimp	44	reach in freezer	2	oysters on ice	36
fish/pico	49	WIC/seafood gumbo	44	bar cooler	35
under/sour cream	49	jambalaya	44		
steam table/ gumbo/ beans	156/164	mushrooms	41		
etouffee/rice	161/166	raw fish	39/40		
left cold top/cut tomatoes/fish	41/44	ranch	42		

**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:
	Bar hand sink 129F equipped
	Bar dishwasher sanitizing at 100ppm chlorine
	Margarita machines cleaned twice weekly
	Wait station hand sink 127F equipped
	Soda/tea nozzles WRS daily
10	Sani buckets throughout at 0ppm/dispenser not working/ will hand mix until repaired/ COS
10	Sani dispenser over mop sink not dispensing at 200ppm/to repair
45	To clean floor drains/food debris/could attract pests
29	Need new quat and chlorine sanitizer strips/expired
	Ice deflector panel clean at inspection
	Warewash hand sink 130F equipped
	3 comp sink 136F
	Line hand sink 123F equipped
	Dishwasher sanitizing at 100ppm chlorine
	Ice baths for cooling
	Plenty of ice over raw shelled oysters
2	Fry cold top/needs to cold hold at 41F or below/ to ice foods/to repair/4 hours or less/small amounts only
	Oyster tags current/3 months kept
32	Some rusty shelves in WIC/clean dish rack as well
45	Some missing grout/food debris and water
45	To clean floors and under equipment
42	To clean in/around/ on equipment, shelves, surfaces/mixers, etc
2	WIC/suggested plastic air curtains/food delivery today/need to cold hold at 41F or below
34	Some flies in back

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Inspected by: (signature) <i>Christy Cortez, RS</i>	Print: <b>Christy Cortez, RS</b>	Samples: Y N # collected

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