

\$50.00 reinspection fee
required after 1st Followup

Retail Food Establishment Inspection Report

City of Rockwall

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

| | | | | | | |
|----------------------------|--------------------------|---------------------------|------------------------------------|------------------------|-----------------------------|---------------------------|
| Date: 02/12/2021 | Time in: 10:30 | Time out: 11:30 | License/Permit # FS 9328 | Est. Type FF | Risk Category Low | 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: Dairy Queen | Contact/Owner Name: Bobby glass | * Number of Repeat Violations: _____ | 8/92/A |
| | | ✓ Number of Violations COS: _____ | |

| | | | | |
|------------------------------------|------------------------------|---------------|----------------------------------|---|
| Physical Address: Goliad | Pest control : To provide | Hood 01/21 | Grease trap : To provide info | Follow-up: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
|------------------------------------|------------------------------|---------------|----------------------------------|---|

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 ✓ in appropriate box for IN, NO, NA, COS Mark an ✓ 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 | | | | | |
| | | ✓ | | | | ✓ | | | | | |
| 3 | | | | | | ✓ | | | | | |
| ✓ | | | | | | Preventing Contamination by Hands | | | | | |
| | | ✓ | | | | ✓ | | | | | |
| | | ✓ | | | | ✓ | | | | | |
| | | ✓ | | | | Highly Susceptible Populations | | | | | |
| Approved Source | | | | | | | | | ✓ | | |
| ✓ | | | | | | Chemicals | | | | | |
| ✓ | | | | | | ✓ | | | | | |
| Protection from Contamination | | | | | | ✓ | | | | | |
| ✓ | | | | | | Water/ Plumbing | | | | | |
| ✓ | | | | | | W | | | | | |
| | | ✓ | | | | ✓ | | | | | |

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 | | | | | |
| | | | ✓ | | | ✓ | | | | | |
| Consumer Advisory | | | | | | W | | | | | |
| ✓ | | | | | | ✓ | | | | | |

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 | | | | | |
| ✓ | | | | | | 1 | | | | | |
| 1 | | | | | | ✓ | | | | | |
| | | ✓ | | | | ✓ | | | | | |
| Proper Use of Utensils | | | | | | 1 | | | | | |
| ✓ | | | | | | 1 | | | | | |
| W | | | | | | ✓ | | | | | |

Retail Food Establishment Inspection Report

City of Rockwall

| | | |
|--|--------|--------------------------------|
| Received by: (signature) Steven Stilwell | Print: | Title: Person In Charge/ Owner |
| Inspected by: (signature) <i>Kelly Kirkpatrick RS</i> | Print: | Business Email: |

Form EH-06 (Revised 09-2015)

| | | | | |
|---|------------------------------------|--------------------------------|------------------------------------|-------------|
| Establishment Name: Dairy Queen | Physical Address: Goliad | City/State: Rockwall | License/Permit # FS 9328 | Page 2 of 2 |
|---|------------------------------------|--------------------------------|------------------------------------|-------------|

TEMPERATURE OBSERVATIONS

| Item/Location | Temp F | Item/Location | Temp F | Item/Location | Temp F |
|-----------------------------|--------|-------------------------|--------|-------------------|--------|
| Cake freezer | -9 | Line cold top cooler 2 | | Cooler 1 | |
| Cold top borderline | | Tomatoes sliced / diced | 38/38 | Sourcream barely | 41 |
| Milk barely | 41 | Corny dogs below | 39 | Below Cut lettuce | 46 |
| (Only 3 items in unit) | | Hot drawers | | Cut tomatoes | 44 |
| Soft serve unit (not used) | 60 | 180-191 | | Ambient 38-40 | |
| Soft serve unit in use | 34/35 | Steam table | | Upright freezer | 1 |
| Toppings cold top | 35 | Ground beef | 181 | Wic | 34 |
| Gravy | 166 | Cake freezer in back | -24 | Tomatoes / cheese | 36/38 |

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: all temps F |
| | Broken toilet bowl lid in men's restroom to address /hot water at 100-104 in restrooms - both equipped |
| | No dining room service at this time |
| | Not using dining room soda station |
| | Hot water at hand sinks / three comp sink 112 and above |
| | Sink sanitizer 200 ppm quats |
| W | Small drip at faucet at front three comp |
| W | Reminder to avoid Using cardboard as liner on ss surface - unless for original product |
| | Separating nuts storage and dispenser / each has own spoon etc |
| W | One soft service unit. Is holding 60 F and still has product inside unit to be discarded |
| | Sanitizer in bucket - 200 ppm / 200 ppm at both three comp |
| 45 | Dust / clean ceiling air vents where needed |
| | Keep items in cold top below the load limit line to keep them Colder - barely 41 |
| 02 | Doors on cold top 1 are not closing well and product inside on rt side is 44-46 F all Tcs to be moved to cooler 2 to keep 41 or less |
| 42 | Not using drawer unit under grill - BUT need to store it clean! Heavy grease build up |
| 45 | General detailed cleaning under behind and around equipment threethroughout |
| | Using Atkins thermocouple |
| 37 | Condensation in upright cake freezer - all food is protected - still need to address |
| | Good organization in back room storage |
| 45 | Panel buttons needed still on ss flooring and where needed inside wic |
| | Clean shelving inside wic and floor etc / watch in wif |
| 37 | Small amount of condensation in wif - - all food protected but need to address |
| | Great date marking throughout |
| 34 | Very small gap at back door to address |
| | Watch area around dumpster |
| | |
| | |
| | |
| | |

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|--|--------|--------------------------------|
| Received by: (signature) See above | Print: | Title: Person In Charge/ Owner |
| Inspected by: (signature) <i>Kelly Kirkpatrick RS</i> | Print: | Samples: Y N # collected |

Form EH-06 (Revised 09-2015)