## **Retail Food Establishment Inspection Report**

First aid kit
Allergy policy
Vomit clean up
Employee health

Date:		٠,	Time in:		License/Permit # FS-8466							Est. Type Risk Category Page 1 of 2	2					
Purpose of Inspection: 1-Routine 2-Follow Up 3-Complain  Establishment Name: Contact/Owner Name: Mike McRae						ıme:	4-	·inve	suga	luon		S-CO/Construction	E					
Physical Address: Pest control :						, 	Hood Grease trap : Follow-up: Yes					Follow-up: Yes 20/80/	В					
20					Status: Out = not in cor	TNI :	on/monthly compliance	NO:	= not				-			h		
Ma	ırk t	he ap	prop	riate	points in the OUT box for Prior							appr	opria	te bo	pplicable COS = corrected on site R = repeat violation W-Watch ox for IN, NO, NA, COS Mark an in appropriate box for R  tive Action not to exceed 3 days			
O U	I	iance N O	N	tus C O	Time and Tem	perature for F	ood Safety		R	O U		iance N O	Stat N A	C O	Emplance Health	R		
T	N	O	A	S	(F = de 1. Proper cooling time a	egrees Fahrenhe	*			T		0	A	S	Employee Health  12. Management, food employees and conditional employees;			
3						r					~				knowledge, responsibilities, and reporting	İ		
	~				2. Proper Cold Holding	temperature(41	°F/ 45°F)				~				13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth			
	~				3. Proper Hot Holding to	emperature(135	5°F)								Preventing Contamination by Hands			
	~				4. Proper cooking time a	and temperature	e				~				14. Hands cleaned and properly washed/ Gloves used properly <b>Qloves used</b>			
	~				5. Proper reheating proc Hours)	cedure for hot he	olding (165°F i	n 2			~				15. No bare hand contact with ready to eat foods or approved alternate method properly followed (APPROVED Y N )			
	<b>'</b>	6. Time as a Public Health Control: procedures &					ocedures & rec	ords							Highly Susceptible Populations			
															16. Pasteurized foods used; prohibited food not offered			
					•••	proved Source	d source Food	in			_				Pasteurized eggs used when required eggs cooked			
					7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction Sysco										Chemicals			
	/	8. Food Received at pro			8. Food Received at pro	oper temperature					/				17. Food additives; approved and properly stored; Washing Fruits & Vegetables			
					check at rece	from Contami	ination			3					18. Toxic substances properly identified, stored and used			
	~				9. Food Separated & propreparation, storage, dis		_						!		Water/ Plumbing			
3				~	10. Food contact surface Sanitized at 200	es and Returnab ppm/temperatur	oles ; Cleaned a	nd		3				-	19. Water from approved source; Plumbing installed; proper backflow device			
	<b>✓</b>				11. Proper disposition or reconditioned	_	riously served o	or			_				20. Approved Sewage/Wastewater Disposal System, proper disposal			
						arded			-4-1)	i o la t	tions	D		0	·			
							ation Itams !	2 Poin							rractive Action within 10 days			
O U	I N	N O	N A	C O	Demonstration				R R	O U	I N	N O	N A	C O	rrective Action within 10 days  Food Temperature Control/ Identification	R		
O U T		N O			Demonstration 21. Person in charge pre and perform duties/ Cer	of Knowledge	/ Personnel			О	I N	N	N	С	Food Temperature Control/ Identification  27. Proper cooling method used; Equipment Adequate to	R		
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## **Retail Food Establishment Inspection Report**

Received by: (signature) see below	see below	Title: Person In Charge/ Owner
Inspected by: see below	Print: see below	Business Email:

Form EH-06 (Revised 09-2015)

	ment Name: les Cajun Diner	Physical A	ddress: Summer Lee	City/State:	all TX	License/Permit # FS-8466	Page	e <u>2</u> of <u>2</u>			
Dodi		2001	TEMPERATURE OBSERVA		an, 17	1 0-0-00					
Item/Loc	cation	Temp F	Item/Location	Temp F	Item/Loca	tion		Temp F			
left co	old top/shrimp	40	right cold top/shrim	40	red p	ootatoes cooked		44/45			
CL	ut tomatoes	37	calamari	40	to go cooler reach in/tomatoes			41			
un	ider/chicken	39	under/chicken	40							
coc	ked potatoes	40	2 door glass freezer ambier	t 26							
	shrimp	36	2 door freezer ambien	-4							
crab	freezer ambient	-3	WIC/gumbo	40							
hot	wells/gumbo	166	red beans and rice	40							
red	beans and rice	168	chicken/shrimp	40/40							
T.		OF	SERVATIONS AND CORRECT	IVE ACTIO	NS						
Item Number	AN INSPECTION OF YOUR ES NOTED BELOW:	FABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND									
	Hand sink 111 F										
	3 comp sink 127 F										
35	Store employee drinks low and separate, not over dry goods										
W	Fruit fly			<u> </u>							
45	Missing grout/food debris. Clean walls, patch holes in walls										
	Sani bucket 200 ppm quats										
	line hand sink 100 F										
19	Line hand sink draining continuously. To be repaired. Also 3 comp sink dripping continuously.										
37	Time to defrost cral	freeze	r		•						
32											
32	Rusty shelves unde	er prep t	ables								
42	Clean outside of flour containers, carts, shelves										
42	Clean in/around/on	equipm	ent								
	dishwasher 100 ppr	m bleac	h								
18											
1	Red potatoes bagged in WIC at 44/45 discarded as never reached 41 or below										
27	Must aggressively cool, take temps often, use shallow metal pans										
32	Seal exposed wood										
	Soda/tea nozzles WRS daily										
	Stainless counter for folding silverware/ good										
	Bar hand sink 100+F										
W	5										
10	Bar dishwasher not sanitizing. Will refill sanitizer then check. otherwise, will use kitchen dishwasher.										
	Will rewash dishes w/proper sanitizer ppm										
	RR sinks 100+F										
Received (signature)			Dan Ke	ile		Title: Person In Charge/	Owner	č.			
Imarra	d by:		Dall IVE	110		Manager					
Inspecte (signature)	Dan Keils  d by:  Chvisty Cov	tez, 1	RS Christy C	ortez,	RS	Samples: Y N #	collec	tad			
			•			Bampics, I IN #	COHEC	.cu			