Retail Food Establishment Inspection Report

First aid kit
Allergy policy
Vomit clean up
Employee health

	ate:	12	202	21	Time in: 11.02	Time out: 12:50	License/F							Est. Type Risk Category Pag	e <u>1</u> of <u>2</u>
Purpose of Inspection: 1-Routine 2-Follow Up 3-Complai				4-Investigation					5-CO/Construction 6-Other 707	ΓAL/SCORE					
Establishment Name: King's Crab Shack Contact/Owner N Phuc Nguye													* Number of Repeat Violations: ✓ Number of Violations COS:)/70/C	
Pł 62	Physical Address: 621 White Hills Rockwall, TX Pest control: APC/monthly								Hood Grease of PDC/3mo We do					te trap : Follow-up: Yes No No	
М	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 NO = not observed NA = not applicable COS = corrected on site R = repeat violation W-Watch Mark 'v' a checkmark 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									Compl	ive Action not to exceed 3 days				
O U T	I N	N O	N A	C O S	(F = de	perature for Food egrees Fahrenheit)	l Safety	R	U T	N	N O		C O S	Employee Health 12. Management, food employees and conditional emplo	R
	~				Proper cooling time as	and temperature				~	yees;				
	~				2. Proper Cold Holding	temperature(41°F/	45°F)			13. Proper use of restriction and exclusion; No discharge eyes, nose, and mouth					
	~				3. Proper Hot Holding to	emperature(135°F)					Preventing Contamination by Hands				
		~			4. Proper cooking time a				3					14. Hands cleaned and properly washed/ Gloves used pr	
		~			5. Proper reheating proce Hours)	edure for hot holdi	ng (165°F in 2			~				15. No bare hand contact with ready to eat foods or approalternate method properly followed (APPROVED Y	
	~				6. Time as a Public Heal	lth Control; proced	ures & records					Highly Susceptible Populations			
					Арр	proved Source			16. Pasteurized foods used; prohibited food not offere Pasteurized eggs used when required eggs cooked						
	~		7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction												
					8. Food Received at prop	per temperature				T				17. Food additives; approved and properly stored; Washi	ing Fruits
	~				check at recei	ipt				~				& Vegetables water only	
		Protection from Contamination						3					18. Toxic substances properly identified, stored and used	*	
3			9. Food Separated & protected, prevented during food preparation, storage, display, and tasting											Water/ Plumbing	
W					10. Food contact surface Sanitized at 100 p	es and Returnables ppm/temperature	; Cleaned and	*		~				19. Water from approved source; Plumbing installed; probackflow device	pper
	~				11. Proper disposition of returned, previously served or reconditioned					~				20. Approved Sewage/Wastewater Disposal System, prodisposal	per
					Prio	ority Foundatio	on Items (2 Po	oints)				_	Cor	rrective Action within 10 days	
O U T	I N	N O	N A	C O S		of Knowledge/ Pe		R	U T	J N	N O	N A	C O S	Food Temperature Control/ Identification	R
	~				21. Person in charge pre and perform duties/ Cert					~				27. Proper cooling method used; Equipment Adequate t Maintain Product Temperature	0.0
	22. Food Handler/ no unauthorized persons/ personnel			2					28. Proper Date Marking and disposition						
Safe Water,			Safe Water, Recor	ecordkeeping and Food Package Labeling				~				29. Thermometers provided, accurate, and calibrated; Ch Thermal test strips digital	emical/		
	~	23. Hot and Cold Water available; adequate pressure, safe								Permit Requirement, Prerequisite for Operati	on				
2					24. Required records avadestruction); Packaged F		tags; parasite		V	V				30. Food Establishment Permit (Current/insp report si display current, have on file	ign posted)
						vith Approved Pro								Utensils, Equipment, and Vending	
	~				25. Compliance with Va HACCP plan; Variance processing methods; ma	obtained for specia	alized		2					31. Adequate handwashing facilities: Accessible and pro supplied, used	perly
					Cons	sumer Advisory			2					32. Food and Non-food Contact surfaces cleanable, properties of the su	erly
2					26. Posting of Consumer foods (Disclosure/Remin				2					33. Warewashing Facilities; installed, maintained, used/ Service sink or curb cleaning facility provided	
0	т	N	N	C	Core Items (1 Point	t) Violations Red	quire Corrective	Action	n Not		xcee		0 Da	ys or Next Inspection , Whichever Comes First	R
O U T	N	N O	N A	C O S		of Food Contamin		K	U	J N	0	A	o s	Food Identification	R
1					34. No Evidence of Inse animals	ect contamination, r	rodent/other			~				41.Original container labeling (Bulk Food)	
1					35. Personal Cleanliness									Physical Facilities	
1					36. Wiping Cloths; prop	perly used and store	ed		1					42. Non-Food Contact surfaces clean	
1					37. Environmental conta					~				43. Adequate ventilation and lighting; designated areas u	sed
_						amination									l I
	~				38. Approved thawing n			$\dagger \dagger$	1					44. Garbage and Refuse properly disposed; facilities mai	ntained
	~								1					44. Garbage and Refuse properly disposed; facilities mai45. Physical facilities installed, maintained, and clean	ntained
1	✓					r Use of Utensils , & linens; properly			1	·					

Retail Food Establishment Inspection Report

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

Form EH-06 (Revised 09-2015)

	nent Name: s Crab Shack	Physical A	ddress: /hite Hills	3	City/State:	City/State: License/Permit # Page 2.0					
King	3 Clab Shack	021 0				all, IA	1 0-331	<u> </u>			
TEMPERATURE OBSERVATIONS Item/Location Temp F Item/Location Temp F Item/Location											
under	counter cooler/shrimp	41	ric	e in pot	165)					
	fish	40	drink glass	front cooler/ambie	ent 34						
under	counter freezer ambient	12									
colc	l top/sausage	41									
	sausage	41									
V	VIC/shrimp	40									
fi	sh/shrimp	39/40									
W	IF ambient	5	GEDY/ ELON	IG AND CODDEC	TELLIFE A CITED	NIG.					
Item	AN INSPECTION OF YOUR ES			MADE, YOUR ATTE			HE CONDITIONS	OBSERVEI	D AND		
Number	NOTED BELOW:										
	Front hand sink 100) F/dinin	g room h	and sink 100)+F						
31	Must have soap and paper towels at hand sink (front)										
9	Avoid storing food directly under paper towel holder to protect food under										
40	Avoid use of single use boats as scoops. Use a cleanable scoop instead.										
14	Avoid re-use of gloves. One time use only.										
36	Store wiping cloths in sani bucket/ discard when very dirty or frayed										
35											
10	Store employee food/drinks low and separate, not on prep tables Always have sani buckets out and setup during prep and service. Corrected on site										
40	Avoid use of styrofo										
	Clean shelves, equ							ι ιυρο, ι	510		
32	Sand/bleach cutting										
9	Raw, shelled eggs					C/not ak	nove garlic				
28	Must date mark foo										
			useu wit	11111 24 110u15	. No date	marking	j observed.				
37	Best to hang mops to dry										
40/9											
	Quats out at 3 comp sink. Must wash, rinse, and sanitize. Will use bleach in sani sink instead										
10/33	· · · · · · · · · · · · · · · · · · ·										
10	+										
31	Must have back hand sink accessible. Do not block										
18	Avoid pouring bleach in sani sink. FAR TOO STRONG. measure and use test strips										
44	Clean around dumpster area										
34	-										
33											
37/30	back hand sink 123 F/3 comp sink 110+F										
40	39 Organization in back area needed to clean. Discard unused equipment										
39											
24/26 Must keep oyster tags for 3 months. Must have consumer advisory for oysters Received by: Print: Title: Person In Charge/ Owner											
(signature)	•			Phuc N	lg uy	en_	Owner	_			
Inspected (signature)	Phuc Nguyen 1 by: Christy Cov	tez, 1	Print:	Christy	/		Samples: Y N	# col	llected		