

Retail Food Establishment Inspection Report

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

| | | | | | | |
|---------------------------|-------------------------|---------------------------|--------------------------------------|-----------|---------------|---------------------------|
| Date: 9/16/2020 | Time in: 9:10 | Time out: 10:45 | License/Permit # FOOD 5140 | 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: Saltgrass Steak House | Contact/Owner Name: | * Number of Repeat Violations: _____ | 10/90/A |
| Physical Address: 1649 Laguna Rockwall, TX | Pest control : Massey/2 weeks | Grease trap : LES/4000gal/3mo | |

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 | | | | | |
| | | | | | | | ✓ | | | | |
| | ✓ | | | | | Chemicals | | | | | |
| | ✓ | | | | | | ✓ | | | | |
| | | | | | | 3 | | | | | |
| | ✓ | | | | | 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 | | | | | |
| | ✓ | | | | | | W | | | | |
| | ✓ | | | | | Utensils, Equipment, and Vending | | | | | |
| | | | | | | | 2 | | | | |
| | | | | | | | 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 | | | | | | ✓ | | | | |
| | W | | | | | Physical Facilities | | | | | |
| | ✓ | | | | | | 1 | | | | |
| | ✓ | | | | | | ✓ | | | | |
| | ✓ | | | | | | ✓ | | | | |
| Proper Use of Utensils | | | | | | | 1 | | | | |
| | ✓ | | | | | | ✓ | | | | |
| | ✓ | | | | | | ✓ | | | | |

Retail Food Establishment Inspection Report

| | | |
|-----------------------------------------------|----------------------------|--------------------------------|
| Received by: (signature) <i>see below</i> | Print: see below | Title: Person In Charge/ Owner |
| Inspected by: (signature) <i>see below</i> | Print: see below | Business Email: |

Form EH-06 (Revised 09-2015)

| | | | | |
|-----------------------------------------------------|-----------------------------------------|------------------------------------|-------------------------------------|---------------------------|
| Establishment Name: Saltgrass Steak House | Physical Address: 1649 Laguna | City/State: Rockwall, TX | License/Permit # FOOD5140 | Page <u>2</u> of <u>2</u> |
|-----------------------------------------------------|-----------------------------------------|------------------------------------|-------------------------------------|---------------------------|

TEMPERATURE OBSERVATIONS

| Item/Location | Temp F | Item/Location | Temp F | Item/Location | Temp F |
|---------------------------|--------|-------------------------|--------|----------------------------|--------|
| WIC/baked potatoes | 41 | drawers/shredded cheese | 41 | diced potatoes | 41 |
| baked potatoes/ shrimp | 41/40 | shrimp | 40 | to go cold top/cheese | 41 |
| chicken | 39 | steak/steak | 41/41 | under/milk | 41 |
| gravy in Chubb bag | 38 | steak/steak | 41/41 | sauce cooler/ranch | 41 |
| dessert cooler/cheesecake | 41 | hamburger/steak | 41/41 | salad cooler to go ambient | 35.8 |
| cold top/egg | 40 | chicken | 46 | | |
| under/shredded cheese | 40 | batter station cold | | | |
| hot wells/water | 165 | shrimp/chicken | 41/41 | | |

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: |
| | dishwasher hand sink 100+ |
| | 3 comp sink 119/dishwasher 100 ppm bleach |
| 34 | Flies |
| W | Clean ice machine ceiling |
| | Gravy, cheese sauce, potato soup, mashed potatoes, cognac sauce all in Chubb bags. |
| W | HACCP plan on file? Must have to Chubb bag if product is kept over 48 hours. Cooling logs to be kept for 3 months. |
| W | Store employee drinks low and separate |
| | Baking hand sink 100+ |
| 31 | Need soap and paper towels at all hand sinks |
| 18 | Store chemicals low and separate, not on prep tables |
| 32 | Sand/bleach cutting boards |
| W | Chicken loaded this morning. Sat on cart too long as everything else is to temp. Was in WIC last night and all to temp. |
| | Sani bucket 200 ppm quats |
| | Tea/soda nozzles WRS daily |
| | bar hand sink 100+ |
| | bar dishwasher 100 ppm bleach |
| W | RR sinks 100, 1 out of 4 sinks not working. needs battery |
| 45 | Maintenance to walls, missing grout, baseboards |
| 45 | Clean floors, walls, under equipment |
| 42 | Clean in/around/ on equipment, fryers |
| 45 | Peeling ceiling tiles above grill line |
| | |
| | |
| | Covid-19 Response |
| | Monitoring employee health daily. temps taken every shift. Testing required if ill or exposed. |
| | 50% seating, socially distanced. |
| | No condiments on table, per request. Sanitized after use. |
| | Tables sanitized after every customer. Masks worn by all employees. Gloves worn by cooking employees, prep, etc. |

| | | |
|----------------------------------------------------|---------------------------------|--------------------------------------------------|
| Received by: (signature) <i>Thomas Kielty</i> | Print: Thomas Kielty | Title: Person In Charge/ Owner Manager |
| Inspected by: (signature) <i>Christy Cortez</i> | Print: Christy Cortez | Samples: Y N # collected |

Form EH-06 (Revised 09-2015)