| Retail Food Establishment Inspection Report First aid kit Allergy policy Vomit clean up Employee health | | | | | | | | | | | | | | | | |
|---|--|--------|--------|-------------|--|-----------------|---|--|--------|--------------------|------------------------|--|---|--|--|----|
| Date: Time in: Time out: License/Pe 10/26/2022 10:10 12:05 FS-9 | | | | | | | | | | | | Est. | Туре | Risk Category Page 1 of V | | |
| Pu | irpo | ose o | f In | spec | ion: 🗸 1-Routine 📃 2-Follow Up 📃 3-Comp | laint | _ | -Inv | estig | atioı | n | 5-CO/Construct | | 6-Other | TOTAL/SCO | RE |
| Establishment Name: Contact/Owner N Sideway's BBQ LLC Jeff Cassar | | | | | | | | | | | | ★ Number of Repo✓ Number of Viol | | | 40/07 | /D |
| Physical Address: Pest control : 2067 Summer Lee Rockwall, TX Icon/monthly | | | | | | | Hood Grease trap Follow-up: Yes | | | | | 13/87/ | /B | | | |
| Compliance Status: Out = not in compliance IN = in compliance NC | | | | | | | not observed $NA = not applicable$ $COS = corrected on site R = repeat views$ | | | | | | | ch | | |
| 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 I Priority Items (3 Points) violations Require Immediate Corrective Action not to exceed 3 days | | | | | | | | | | e box for K | | | | | | |
| 0 | Compliance Status | | | | | | Compliance StatOINNUNOA | | | | | | Employee Health | | | |
| T | U N U A U | | | | | | T | | | | O S | 12. Management, food employees and conditional employees; | | | | |
| | ~ | | | | | | | ~ | | | | knowledge, responsibilities, and reporting | | | | |
| 3 | | | | | 2. Proper Cold Holding temperature(41°F/ 45°F) | | | ~ | | | | 13. Proper use of restrieyes, nose, and mouth | | d exclusion; No dis | charge from | |
| Ē | ~ | | | | 3. Proper Hot Holding temperature(135°F) | - | | <u> </u> | |] | | Preventing Contamination by Hands | | | | |
| | | ~ | | | 4. Proper cooking time and temperature | | | ~ | | | | 14. Hands cleaned and properly washed/ Gloves used properly | | | | |
| | | | | | 5. Proper reheating procedure for hot holding (165°F in 2 Hours) | | 15. No bare hand contact with ready to eat foods or app | | | | | | | | | |
| L | ~ | | | | 6. Time as a Public Health Control; procedures & records | | | | | | | | · · · ·) | | | |
| | ~ | | | | Jonator, procedures er record | | | Highly Susceptible Populat 16. Pasteurized foods used; prohibited food not | | | | | | fered | | |
| | | | | | Approved Source | | | ~ | | | | Pasteurized eggs used when required NO EQQS | | | | |
| | ~ | | | | 7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite | | | | | | | Chemicals | | | | |
| | | | | | destruction BeneKeith | | | - | | | | | | | | |
| | ~ | | | | 8. Food Received at proper temperature check at receipt | | | ~ | | | | 17. Food additives; ap & Vegetables | pproved a | nd properly stored; | Washing Fruits | |
| | | | J | | Protection from Contamination | | water only 18. Toxic substances properly identified, stored and us | | | | | d used | | | | |
| | 9. Food Separated & protected, prevented during food | | | | | Water/ Plumbing | | | | | | | | | | |
| | • | | | | preparation, storage, display, and tasting 10. Food contact surfaces and Returnables ; Cleaned and | | | 19. Water from approved source; Plumbing installe | | | ed; proper | | | | | |
| 3 | | | | ~ | Sanitized at <u>200</u> ppm/temperature | | | ~ | | backflow device | | | | | | |
| | ~ | | | | 11. Proper disposition of returned, previously served or reconditioned discarded | | | ~ | | | | 20. Approved Sewage disposal | e/Wastew | ater Disposal System | m, proper | |
| Priority Foundation Items (2 Poi | | | | | | | | _ | | | rrective Action within | 10 days | | | • | |
| O U T | I N | N O | N A | C O S | Demonstration of Knowledge/ Personnel | R | O U T | J N | N O | | C O S | Food Tem | perature | Control/ Identific | ation | R |
| | ~ | | | | 21. Person in charge present, demonstration of knowledge and perform duties/ Certified Food Manager/ Posted | , | | ~ | | | | 27. Proper cooling me Maintain Product Ten | | | quate to | |
| | 4 22. Food Handler/ no unauthorized persons/ personnel | | | | | <u> </u> | _ | ~ | | | | 28. Proper Date Mark | * | | | |
| | | | | | | | | | | | | | | | | |
| Labeling | | | | I | Safe Water, Recordkeeping and Food Package | | | | | | | | ovided, ac | curate, and calibrat | ed; Chemical/ | |
| | 1 | | [| | 8 | | | ~ | | | | 29. Thermometers pro Thermal test strips digital | ovided, ac | curate, and calibrat | ed; Chemical/ | |
| | ~ | | | | Labeling 23. Hot and Cold Water available; adequate pressure, safe | | | ~ | | | | Thermal test strips digital Permit Requi | irement, | Prerequisite for O | peration | |
| | ר ר | | | | Labeling | | | ~ ~ | | | | Thermal test strips digital Permit Requi 30. Food Establishm | irement, | Prerequisite for O | peration |) |
| | | | | | Labeling 23. Hot and Cold Water available; adequate pressure, safe 24. Required records available (shellstock tags; parasite destruction); Packaged Food labeled Conformance with Approved Procedures | | | - | | | | Thermal test strips digital Permit Requi 30. Food Establishm 12/31/2022 Utensi | irement, ent Pern ils, Equip | Prerequisite for O nit (Current/insp re oment, and Vendin | peration port sign posted) g |) |
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| Received by: (signature) Jeff Cassar | Jeff Cassar | Title: Person In Charge/ Owner |
|---|--------------------------------------|--------------------------------|
| Inspected by: Christy Cortez, RS | ^{Print:} Christy Cortez, RS | Business Email: |

Form EH-06 (Revised 09-2015)

| Establishment Name: Sideway's BBQ LLC | | | Physical Address: 2067 Summer Lee Drive | | II, TX | License/Permit # Page FS-9422 | | <u>2</u> of <u>2</u> | | |
|--|---|------------|--|-------------------------|--------------|-------------------------------|----------|----------------------|--|--|
| Item/Loc | ation | Temp F | TEMPERATURE OBSERVAT | TIONS Temp F Item/Lo | | ation | | Temp F | | |
| | aboodle | 39 | under/ribs/caboodle | | | sausage | | 154/158 | | |
| | pasta | 41 | hot holding unit/potatoes | 179-182 | | oudougo | | | | |
| | brisket | 89 | glass front cooler/milk | 46 | | | | | | |
| | cheese | 41 | heavy whipping cream | 51 | | | | | | |
| wate | er for reference | 39 | steam well/water/not setup w/food | 168 | | | | | | |
| hot h | olding pork butts | 168 | cold wells/cut tomatoes | 41 | | | | | | |
| cold t | op/shredded cheese | 41 | shredded cheese | 38 | | | | | | |
| | buttermilk | 41 | hot holding reach in/turkey | 164 | | | | | | |
| Item | AN INSPECTION OF YOUR FS' | - | SERVATIONS AND CORRECTI | | | | | ID | | |
| Number | NOTED BELOW: | IADLISTIME | NT HAS BEEN MADE. YOUR ATTEN | ION IS DIRE | | E CONDITIONS OBSER | VED AF | ND | | |
| W | | Need pa | per towels at hand sink | | | | | | | |
| | 3 comp sink 116 F | | | | | | | | | |
| 34 | Flies | | | | <u> </u> | | | | | |
| 45 | | | comp sinks. Seal hand | sinks to | walls | | | | | |
| 10 | Dishwasher 100 pp | m chiori | ne sanitizer | | | | | | | |
| 42 | Clean hood vents | | | | | | | | | |
| 42 | Clean spice contain | | | | | | | | | |
| 40 | Use a handled scoo | | | | | | | | | |
| 45 45 | Clean walls behind | | nce. Broken tiles, some | food de | brio | | | | | |
| 4 <u>5</u> 32 | Rusty shelves in W | | nce. Droken lies, some | | 5110 | | | | | |
| W | Watch mops next to | | chine | | | | | | | |
| 2 | | | ally/turned back on. Whipping cream and | milk discarded | d as unknown | amount of time out of tem | perature |) | | |
| W | | | oap. Need paper towe | | | | | | | |
| 10 | | | ng. Will use kitchen unt | | ed COS | | | | | |
| | Alcohol bottles cove | | | intopund | | · | | | | |
| | All meats to require | | | | | | | | | |
| | Brisket in WIC cooling within 2 hours to 70 then 4 hours to 41F | | | | | | | | | |
| 45 | Clean floors, under equipment. | | | | | | | | | |
| 42 | Clean shelves in bar area | | | | | | | | | |
| 32 | Watch wood cutting boards/edges are getting frayed | | | | | | | | | |
| 42 | Replace curtains on front shelving where frayed and dirty | | | | | | | | | |
| 39 | Utensils to be stored mouth part down. Touch non mouth parts only | | | | | | | | | |
| 39 | Store mouth parts of beer mugs on clean surface/defrost freezer | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Received | by: | | Print: | | I | Title: Person In Charge/ | Owner | | | |
| (signature) | • | | | ssar | | Owner | | | | |
| Inspected (signature) | Jeff Cassar ^{Iby:} Chrísty Cov | tez, 1 | RS Christy Co | ortez, | RS | Samples: Y N # | collecte | ad | | |
| Form FH-06 | (Revised 09-2015) | - | | , | | Sumptos 1 10 # | concett | | | |