Retail Food Establishment Inspection Report First aid kit Allergy policy Vomit clean up Employee health										policy ean up							
	Date: Time in: Time out: License/Pe 10/19/2023 10:30 12:20 FS-9												J	Est. Type	Risk Category	$Page \underline{1} of \underline{2}$	
Pı	Purpose of Inspection: 1 I-Routine 2-Follow Up 3-Complai							4	4-Inv	vesti	gatio	n	5-CO/Constr		6-Other	TOTAL/SCORE	
	Establishment Name: Contact/Owner I Sideways BBQ LLC Jeff Cassar							lame:					 ★ Number of Repeat Violations: ✓ Number of Violations COS: 				
Pł	Physical Address: Pest control :								ood kins/8	8-202			e trap : er to email		Follow-up: Yes	20/80/B	
	2067 Summer Lee Dr Rockwall, TX owner to email Compliance Status: Out = not in compliance IN = in compliance NC							t obse	erved	I	$\mathbf{A} = 1$	not aț		corrected o	n site \mathbf{R} = repeat vic lark an \mathbf{X} in appropriate	olation W-Watch	
M	ark ti	he ap	oprop	oriate	points in the OUT box for each numbered item Priority Items (3 Points)	Mark '										te box for R	
	ompli I	iance N	e Sta N	tus C	Time and Temperature for Food Safe		R			plian N	ce Sta		[R	
O U T	N	0	A	O S	(F = degrees Fahrenheit)	ty			U N T						1		
3					1. Proper cooling time and temperature				r				knowledge, responsibilities, and reporting				
w		2. Proper Cold Holding temperature(41°F/ 45°F)					r	/			13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth						
W					3. Proper Hot Holding temperature(135°F)				Preventing Contamination by 1					ontamination by Har	nds		
	~				4. Proper cooking time and temperature			V	N				14. Hands cleaned	d and prop	erly washed/ Gloves u	used properly	
	✓ 5. Proper reheating procedure for hot holding (165°F in 2 Hours)					r						th ready to eat foods of ollowed (APPROVED					
	~				6. Time as a Public Health Control; procedures	& records			Highly Susceptible Pop					ceptible Populations			
	Approved Source			Approved Source				~	1			16. Pasteurized fo Pasteurized eggs u		prohibited food not of required	fered		
	~	7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction Benekeith															
	~				8. Food Received at proper temperature check at receipt				V				& Vegetables		d and properly stored;	Washing Fruits	
				I	Protection from Contamination			3	3				18. Toxic substand	ces proper	ly identified, stored ar	nd used	
	~				9. Food Separated & protected, prevented during preparation, storage, display, and tasting	g food		_	<u> </u>		<u> </u>	<u> </u>		Wa	ter/ Plumbing		
3				~	10. Food contact surfaces and Returnables ; Clea Sanitized at ppm/temperature	ned and			~	1			19. Water from ap backflow device	proved so	urce; Plumbing install	ed; proper	
	~				11. Proper disposition of returned, previously ser reconditioned discarded	rved or			r	/			20. Approved Sew disposal	vage/Wast	ewater Disposal Syste	m, proper	
0	I	Priority Foundation Items (2 Po		ems (2 Po	ints)		ation 0 1	is Re			rrective Action with	hin 10 da	ys	R			
U T	N	0	A	O S	Demonstration of Knowledge/ Personr			1	U N T			O S	Food 7	Femperatu	ure Control/ Identific	cation	
	~				21. Person in charge present, demonstration of k and perform duties/ Certified Food Manager/ Po 4	osted		2	2				Maintain Product	Temperatu		equate to	
	~				22. Food Handler/ no unauthorized persons/ pers	onnel			r	/			28. Proper Date M	-	*		
Safe Water, Recordkeeping and Food Package Labeling				_			r				29. Thermometers Thermal test strip digital		, accurate, and calibrat	ted; Chemical/			
	~				23. Hot and Cold Water available; adequate pres							1		-	nt, Prerequisite for O	-	
	~		24. Required records available (shellstock tags; parasite destruction); Packaged Food labeled								30. Food Establishment Permit (Current/insp report sign posted) 12/31/2023						
	~				Conformance with Approved Procedur 25. Compliance with Variance, Specialized Proce HACCP plan; Variance obtained for specialized processing methods; manufacturer instructions			2	2						uipment, and Vendir facilities: Accessible a		
			i	1	Consumer Advisory			2	2				32. Food and Non designed, construct		tact surfaces cleanable used	e, properly	
	~				26. Posting of Consumer Advisories; raw or und foods (Disclosure/Reminder/Buffet Plate)/ Allers meats to required temps			2	2			~	33. Warewashing Service sink or cu		installed, maintained, g facility provided	used/	
0	I	N	N	С	Core Items (1 Point) Violations Require	Corrective	Actio R		ot to 0 I	-		0 Da	tys or Next Inspect			R	
U T	N	0	A	O S	Prevention of Food Contamination	/ .1			U N T			O S	41.0.1.1		I Identification		
1					34. No Evidence of Insect contamination, rodent animals		Щ		~	1			41.Original contai	iner labelir	ng (Bulk Food)		
	~				35. Personal Cleanliness/eating, drinking or toba36. Wiping Cloths; properly used and stored	cco use			-	-			42 Nor E 1 C	•	sical Facilities		
<u> </u>	~				36. Wiping Cloths; properly used and stored 37. Environmental contamination		\square	1	-	_			42. Non-Food Con		t lighting; designated	areas used	
	~				38. Approved thawing method				~	1					perly disposed; faciliti		
	~								~	1			-		ed, maintained, and cl		
w					Proper Use of Utensils 39. Utensils, equipment, & linens; properly used dried, & handled/ In use utensils; properly used	, stored,		1	 /				5		y constructed, supplie		
	~				40. Single-service & single-use articles; properly and used	v stored			~	-			47. Other Violatio	ons			

Received by: (signature) Sara Gutierrez	Print: Sara Gutierrez	Title: Person In Charge/ Owner Manager
Inspected by: (signature) Christy Cortez, RS	Print: Christy Cortez, RS	Business Email:

Form EH-06 (Revised 09-2015)

	nent Name: ways BBQ LLC	Physical A 2067	Summer Lee Dr	^{City/State:}	Page <u>2</u> of <u>2</u>							
Item/Loc	ation	Temp F	TEMPERATURE OBSERVA' Item/Location	TIONS Temp F	Item/Locat	ion	Temp F					
	Iding reach in/ribs	139	WIC/sausage on car		Item/Ebeat							
	ibs/brisket	142/138	turkey on cart	51								
	sket/brisket	137/136	Chili on cart	51								
white	e freezer ambient	-5	cheese sauce on car	t 67/54								
CO	d top/turkey	41	pasta/caboodle	42/42								
	ribs	41	green beans from stove reheated	169								
shre	edded cheese	41	glass front cooler/pudding	41								
u	nder/wings	41	cold wells/cheese									
Item	OBSERVATIONS AND CORRECTIVE ACTIONS											
Number	AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND NOTED BELOW:											
31	Back hand sink at 105F. Need soap and paper towels. Need to post employee health poster.											
W	Need to have hand washing procedures in place before starting prep.											
	Dishwasher sanitizing at 100 ppm chlorine											
34	Some flies											
	3 comp sink 114F											
	Maintenance to floors in back/cracked tiles, some food debris											
1	All TCS foods made yesterday discarded as never made it to 41F or below											
27	Need to use shallow metal pans, no lids, spaced appropriately, stir often, may want to use WIF to rapid cool											
			ours and then 4 hours	o 41F o	r below							
	CF grease picks an	-										
10			nitizer/ need to train staff what	s needed ii	n sanitizer	buckets and when t	o use					
	Rusty shelves in W											
45			ards, mold behind warewa	shing wa	ll/to clea	n and replace ca	aulking					
W	Watch mops/rack n											
42			urtains on back side of			cutting statior	1					
31	•		105 F. NEED soap an	<u> </u>								
W			put out an hour previous	/not enou	igh ice a	nd water under/	COS					
	Bar hand sink 115F											
	3 Bar dishwasher not sanitizing. COS by putting sanitizer jug under/none at time of inspection											
18			ng on alcohol rack, need			re low and sepa	arate					
18	Spray chemicals on condiment cart/to be stored low and separate											
42	Need to clean bar mats in bar											
- 10	Beer taps cleaned and maintained by supplier											
42	Need to clean cabinets shelves behind bar											
45	Maintenance to floors tiles behind bar/cracked and some food debris/to clean											
W	/ Store utensils mouth parts down in expo area											
Received by: (cignature) Print: Title: Person In Charge/ Owner												
(signature)	Sara Gutierrez		Sara G	utierrez Manag			•					
Inspected (signature)	Sara Gutierrez ^{Iby:} Chrísty Cov	tez, 1	Christy C	ortez,	RS	0 1 17 15	11 · · ·					
Form EH-06 (Revised 09-2015)												