Retail Food Establishment Inspection Report ビ First aid kit ビ Allergy policy ビ Vomit clean up Employee health																	
Date: Time in: Time out: License/Perm 7/7/2020 10:02 12:20 FS-93													Est. Type Risk Category Page 1 of	2			
					10.02 12.20 Γ 3- tion: ✓ 1-Routine 2-Follow Up 3-Comp			4-Ir	ivest	tigat	tion	-1	5-CO/Construction 6-Other TOTAL/SCO	DRE			
Establishment Name: Contact/Owner N						9							* Number of Repeat Violations: ✓ Number of Violations COS:				
Soulman's Bar-B-Que (Goliad) Physical Address: Pest control :										se trap : Follow-up: Yes 15/85	/B						
2255 S Goliad Rockwall, TX SDS/monthly Compliance Status: Out = not in compliance IN = in compliance						NO = nc	_						$\frac{N_0 \square}{P_1}$	tch			
M					points in the OUT box for each numbered item Mar Priority Items (3 Points) violatio	k'√'a c	check	cmarl	k in a	ppro	priat	te bo	box for IN, NO, NA, COS Mark an \mathbf{X} in appropriate box for \mathbf{R}	.cn			
Co	mpli I	iance N	e Sta N	tus C		R R	uire	Cor	nplia	nce	Statu	_	uve Action noi to exceed 5 days	R			
U T	N	0	A	o s	Time and Temperature for Food Safety (F = degrees Fahrenheit)	ĸ			N	0	Α	o s	r J. C. C. C.	ĸ			
	~				1. Proper cooling time and temperature			12. Management, food employees and conditional emp knowledge, responsibilities, and reporting					12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting				
-					2. Proper Cold Holding temperature(41°F/ 45°F)	+	F						13. Proper use of restriction and exclusion; No discharge from	-			
	~							'	~				eyes, nose, and mouth				
3					3. Proper Hot Holding temperature(135°F)								Preventing Contamination by Hands				
	~				4. Proper cooking time and temperature			•	~				14. Hands cleaned and properly washed/ Gloves used properly gloves used				
	~				5. Proper reheating procedure for hot holding (165°F in 2 Hours)				~				T5. No bare hand contact with ready to eat foods or approved alternate method properly followed (APPROVED Y $N_{\rm o}$)				
	~				6. Time as a Public Health Control; procedures & record				_	-			Highly Susceptible Populations				
					Approved Source		F	16. Pasteurized foods used; prohibited food not offer						T			
											Pasteurized eggs used when required eggs cooked						
	~	 Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction BeneKeith 										Chemicals					
	~				8. Food Received at proper temperature				~				17. Food additives; approved and properly stored; Washing Fruits & Vegetables	T			
	Ľ				check at receipt		_	_					Water only 18. Toxic substances properly identified, stored and used	_			
					Protection from Contamination 9. Food Separated & protected, prevented during food		-		~					_			
	~				preparation, storage, display, and tasting 10. Food contact surfaces and Returnables ; Cleaned and								Water/ Plumbing 19. Water from approved source; Plumbing installed; proper				
3					Sanitized at <u>100</u> ppm/temperature			•	~				backflow device				
	~				11. Proper disposition of returned, previously served or reconditioned discarded			•	~				20. Approved Sewage/Wastewater Disposal System, proper disposal				
0	Ι	N	N	С	Priority Foundation Items (2)	Points)) viol			-		Cor C	rective Action within 10 days	R			
U T	N	0	A	O S	Demonstration of Knowledge/Personnel			U T	N	0		0 S	Food Temperature Control/ Identification				
	~				and perform duties/ Certified Food Manager/ Posted 2	in charge present, demonstration of knowledge, n duties/ Certified Food Manager/ Posted 27. Proper cooling method used; Equipment Ade Maintain Product Temperature				L. L							
	~				22. Food Handler/ no unauthorized persons/ personnel 9			1	~				28. Proper Date Marking and disposition				
					Safe Water, Recordkeeping and Food Package Labeling				~				29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips digital				
	~				23. Hot and Cold Water available; adequate pressure, safe	П		0					Permit Requirement, Prerequisite for Operation				
	~												30. Food Establishment Permit (Current/insp report sign posted				
┣					24. Required records available (shellstock tags; parasite destruction); Packaged Food labeled			•	~		Τ			.)			
					destruction); Packaged Food labeled Conformance with Approved Procedures			•					Utensils, Equipment, and Vending)			
	~				destruction); Packaged Food labeled				~								
	~				destruction); Packaged Food labeled Conformance with Approved Procedures 25. Compliance with Variance, Specialized Process, and HACCP plan; Variance obtained for specialized								Utensils, Equipment, and Vending 31. Adequate handwashing facilities: Accessible and properly				
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Received by: (signature) see below	see below	Title: Person In Charge/ Owner
Inspected by: (signature) see below	Print: see below	Business Email:

Form EH-06 (Revised 09-2015)

Establishment Name: Soulman's Bar-B-Que (Goliad)	Physical A 2255	^{ddress:} S Goliad	City/State: Rockwa	all, TX	License/Permit # Page c		_ of			
		TEMPERATURE OBSERVA			•					
Item/Location	Temp F	Item/Location	Temp F	Item/Locat	ion	1	Temp F			
from WIC/pre-cooked ham	41	beans re-heat on stove	201							
pre-cooked Turkey	41	reach in cooler/sour crean	<u>41 י</u>							
pre-cooked ribs	41	ham	41							
mac n cheese on stove	181	reach in freezer ambien	t 1.1							
creamed corn on stove	177	WIC/potatoes	41							
hot wells/beans	121	WIC/hot links	41							
brisket in warmer	137/146	potatoes	40/41/41/41							
chicken under warmer, just cooked	177/175	brisket	42							
Theme		SERVATIONS AND CORRECT								
Item AN INSPECTION OF YOUR E. Number NOTED BELOW:	STABLISHME	NT HAS BEEN MADE. YOUR ATTEN	TION IS DIRE	CTED TO TH	E CONDITIONS OBSE	RVED AND)			
Hand sink front 113	3/hand s	ink meat cutting 100+								
		will re-heat to 165. will need to	make sure h	ot wells are	maintaining temps	of 135+				
39 Discard frayed, me										
40/32 NO styrofoam to go cu		s or scoops in pico, ham. N	IUST have	a washa	ble scoop with ha	andle				
prep hand sink 131		ka whara naadad mal	dad ata							
		<u>ks where needed,mol</u>	dea, etc							
45 Flooring in back to Dishwasher 100 pp										
Sani sink 200 ppm		11								
43 Light shield needed		· · · · · · · · · · · · · · · · · · ·								
34 Flies in kitchen, de										
32 Rusty shelves in ba	ack, also	sand bleach big cuttin	g board o	on front	line					
45 CLEAN walls, arou	nd equip	oment, under ovens, sn	noker							
42 Clean air vents esp	pecially o	over serving line								
		nts, condensation dripp			S					
	and walls	behind around under	3 comp s	ink						
3 comp sink 129	in healt	not occling properly								
		not sealing properly ample space between racks		ssivoly 2	hours to 70 then	1 to 11				
		· · ·				4 10 4 1				
34 Gap at back door.										
Covid-19 Response	Covid-19 Response									
	Masks worn, gloves used. Temps taken daily at store.									
	Sanitizing frequently used contact surfaces hourly.									
Tables setup for 50% and social distancing.										
Monitoring employee health. Received by: Print: Title: Person In Charge/ Owner										
(signature)	И		y Pat	ton	Manage					
(signature) Courtney Pattor (signature) Christy C		Print:	•							
Form EH-06 (Revised 09-2015)	orie	🎸 Christy	Cort	ez	Samples: Y N	# collected				