Retail Food Establishment Inspection Report

First aid kit
Allergy policy
Vomit clean up
Employee health

Da		5/2	202	23	Time in: 2:30	Time out: 3:50		nse/Permi 3-78 7						Est. Type	Risk Category	Page 1	of <u>2</u>
					tion: 1-Routine	2-Follow U		mplaint		4-Inv	estig	ation	ı	5-CO/Construction	6-Other	TOTAL/S	CORE
St	Establishment Name: Steak N Shake Physical Address: Contact/Owner I Alok Shivpt Alok Shivpt Pest control:											* Number of Repeat Violations: ✓ Number of Violations COS: trap : Follow-up: Yes ✓		17/83/B			
57	ysica 3 I- :	al A 30	Ro	ess: ckw	/all, TX	Ed	colab/9-26-2	2023	Av	ood er/6-2	2023	Sou	rease uthw		Follow-up: Yes ✓ No ☐		O, D
Ma	rk th	Com he ap	plia pprop	nce S oriate	Status: Out = not in c points in the OUT box for	or each numbered i			checkr	mark i	n app	ropria	ite bo		rk an 🗙 in appropriat	lation W-V e box for R	Watch
Co	mpli	iance	e Sta	tus	Pri	ority Items (3	3 Points) viol	ations Req		<i>Imme</i> Comp				ive Action not to exceed 3 day	ys		
O U T	Dispulsance Status			R	1	O I U N T	N		C O S	Employee Health			R				
•	~			. S	1. Proper cooling time		-		Ī	·			.5	12. Management, food employ knowledge, responsibilities, an		employees;	
	2. Proper Cold Holding temperature(41°F/ 45°F) 3. Proper Hot Holding temperature(135°F) 4. Proper cooking time and temperature			1°F/ 45°F)						13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth							
										Preventing Contamination by Hands							
				e			~			14. Hands cleaned and properly washed/ Gloves used pro							
	~	5. Proper reheating procedure for hot holding (Hours)			olding (165°F i	n 2		~				15. No bare hand contact with alternate method properly follo)		
	~				6. Time as a Public Health Control; procedure		ocedures & rec	ords						Highly Susce	entible Populations		
	<u> </u>				Approved Source					\ <u>\</u>				Highly Susceptible Populations 16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required			
	1							in						r asteurized eggs used when re	equireu		
	7. Food and ice obtained from approved source; Food good condition, safe, and unadulterated; parasite destruction										Ch	hemicals					
	~				8. Food Received at pr		e			~				17. Food additives; approved a & Vegetables	and properly stored;	Washing Frui	its
	L				check at rece	on from Contami	ination		٧	M			~	Water only 18. Toxic substances properly	identified, stored an	d used	
	9. Food Separated & protected, prevented during food preparation, storage, display, and tasting								-	Water	r/ Plumbing						
3					10. Food contact surfa			nd	3	3				19. Water from approved source backflow device	ce; Plumbing installe	ed; proper	
	~				11. Proper disposition reconditioned disc			or		~				20. Approved Sewage/Wastew disposal	vater Disposal System	m, proper	
					Dr	iority Founds	. 4° T4	(2.2.		ations	Dag		~				
					11	lority Found	ation Items							rective Action within 10 days	8		
O U T	I N	N O	N A	C O S	Demonstration	on of Knowledge	e/ Personnel	R	1	O I U N T	N O		Cor C O S		e Control/ Identific	ation	R
	I N			О		on of Knowledge present, demonstr	e/ Personnel	R	1	O I U N	N	N	C 0		e Control/ Identific		R
Т	I N			О	Demonstration 21. Person in charge p	on of Knowledge oresent, demonstrectified Food Ma	e/ Personnel ration of knowlenager/ Posted	edge,	1	O I U N	N	N	C 0	Food Temperature 27. Proper cooling method use	ed; Equipment Adec		R
Т				О	Demonstration 21. Person in charge pand perform duties/ Co 22. Food Handler/ no of Safe Water, Reco	on of Knowledge oresent, demonstr ertified Food Ma unauthorized pers ordkeeping and Labeling	e/Personnel ration of knowlenager/Posted rsons/personnel Food Package	edge,	1	O I N T	N	N	C 0	Food Temperature 27. Proper cooling method use Maintain Product Temperature	e Control/ Identificed; Equipment Adece	quate to	
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Retail Food Establishment Inspection Report

Received by: (signature) Alok Shivpuri	Print: Alok Shivpuri	Title: Person In Charge/ Owner OWNEr
Inspected by: Christy Cortez, RS	Print: Christy Cortez, RS	Business Email:

Form EH-06 (Revised 09-2015)

E - 11:1	AN	DI : 1 A	11	G: /g: .		Tr: (D) :: (II	В	0 60			
	ment Name: k N Shake	Physical A 578 I -		City/State: Rockwa	all, TX	License/Permit # FS-7877	Page	2 of 2			
Item/Loc	ation	Town F	TEMPERATURE OBSERVA		Itam/I ago	tion		Tomp E			
	mbient	Temp F	Item/Location burger cold top/cut tomatoes	Temp F 4 1	Item/Location			Temp F			
		00.40			under/patties						
<u>.</u>		36-40	1	41	to go	freezer ambie	nt	13			
Sli	ced cheese	39	pasta	41							
	hotbdogs Shake mix		under/cut tomatoes	41							
			cooked burger	178							
9	Shake mix	40	cheese dispenser/cheese	149							
whip	whipped topping mix		grill drawers ambient	39							
reach	in freezer ambient	-3	burger cold top/patties	3 41							
			SERVATIONS AND CORRECT		NS						
Item Number	AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND										
	Drink hand sink 115 F equipped										
	Sani spray bottle at 200 ppm quats										
	Sani bucket at 200 ppm quats										
	3 comp sink 127 F										
10/33	B Dishwasher not sanitizing at 100 ppm chlorine sanitizer										
	Will need to use 3 comp sink until repaired/ sanitizer dispenser at 3 comp sink at 200ppm quats										
	Warewash hand sink 100+F										
43	Lights not working i	n dry st	orage/using a hanging	ubber c	oated b	ulb					
37	Heavy condensatio	n in WIF	/to protect foods								
45											
45	To clean floor drain										
42	To clean sink/prep area										
	Hand sink by ice machine 120+F equipped										
42			oinner sink to clean sha	ke cups							
34			rain under ice machine								
	Need air gap under										
W											
			nto ground making it un-us			100F/80F at inspe	ction				
-	0 7 01 1										
-	, 1 1										
42 To clean in/around/on equipment and inside coolers where needed											
Received	•		Print:			Title: Person In Charge/	Owner				
(signature)	Alok Shivpuri		Alok Sh	บบุบ	ırı	Owner					
Inspected (signature)		ton 1	RS Christy C	ortez	RS						
	5 (Revised 09-2015)	104, 1	Co Officially O	υι ι υ Ζ,	1 (0	Samples: Y N #	collect	ed			