## **Retail Food Establishment Inspection Report**

First aid kit
Allergy policy
Vomit clean up
Employee health

Date: Time in: Time out: License/Pe need cu							ermit # urrent permit/2021				021	1 posted Est. Type Risk Category Page 1 o	<u>2</u>		
	Purpose of Inspection: 1-Routine 2-Follow Up 3-Complain											5-CO/Construction 6-Other TOTAL/SC	ORE		
Es	tabli	ishm Oa	ent	Nan	e: Contact/Ov		e:					* Number of Repeat Violations: ✓ Number of Violations COS:	:/D		
Ph 30	ysic 3 I-	al A 30	ddre Ro	ess: <b>ckv</b>	Pest control : Rentokil/7-14	-2023		Hood nerica's/		23 LE	reas	se trap : Follow-up: Yes	)/ D		
M					tatus: Out = not in compliance  Out = not in compliance  points in the OUT box for each numbered item	NO = n						pplicable COS = corrected on site R = repeat violation W-W. ox for IN, NO, NA, COS Mark an in appropriate box for R	atch		
1016	aik t	не ар	ргор	пас	Priority Items (3 Points) viola			Imn	edia	te Co	rrect				
O U	I N O A O							Compliance Status O I N N C U N O A O							
T	-,			Š	(F = degrees Fahrenheit)  1. Proper cooling time and temperature		_	T	, ,		s	12. Management, food employees and conditional employees;			
	~							١			knowledge, responsibilities, and reporting				
	~				2. Proper Cold Holding temperature(41°F/45°F)							13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth			
	~	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 <b>Qloves used</b>				
	5. Proper reheating procedure for hot holding (165°F in 2 Hours)				12		v			15. No bare hand contact with ready to eat foods or approved alternate method properly followed (APPROVED Y. N)					
	~				6. Time as a Public Health Control; procedures & reco	ords						Highly Susceptible Populations			
	Approved Source								/		16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required				
					7. Food and ice obtained from approved source; Food	n									
	~	good condition, safe, and unadulterated; parasite destruction									Chemicals				
	~				8. Food Received at proper temperature				/			17. Food additives; approved and properly stored; Washing Fruits & Vegetables Water			
	<u> </u>				Protection from Contamination		=	3				18. Toxic substances properly identified, stored and used	+		
3		9. Food Separated & protected, prevented during food preparation, storage, display, and tasting										Water/ Plumbing			
	~				10. Food contact surfaces and Returnables ; Cleaned as Sanitized at 100 ppm/temperature	nd						19. Water from approved source; Plumbing installed; proper backflow device			
	~				11. Proper disposition of returned, previously served or reconditioned discarded	r	-					20. Approved Sewage/Wastewater Disposal System, proper disposal			
					Priority Foundation Items (	2 Points	) vio	latio	ns Re	eauire	e Cor	rrective Action within 10 days			
O U	I N	N O	N	C O	Demonstration of Knowledge/ Personnel	R		O U		I N	C		R		
T			A				1 1	T			S	-			
	/		A	S	21. Person in charge present, demonstration of knowled and perform duties/ Certified Food Manager/ Posted	edge,		•				27. Proper cooling method used; Equipment Adequate to			
	ر د		A	S		edge,			/			27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature  28. Proper Date Marking and disposition			
			A	S	and perform duties/ Certified Food Manager/ Posted  22. Food Handler/ no unauthorized persons/ personnel  Safe Water, Recordkeeping and Food Package		- -	2	/		5	Maintain Product Temperature			
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## 1st followup is free. Any additional followups will be assessed a \$50 fee. **Retail Food Establishment Inspection Report**

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

Form EH-06 (Revised 09-2015)

				Gt. (G		T						
	nent Name: Oar House	Physical A 303 I-		City/State: Rockwa	License/Permit # need current permit/2021 posted	Page	<u>2</u> of <u>2</u>					
			TEMPERATURE OBSERVA	ΓΙΟΝS	<b>,</b>							
Item/Loca	ation	Temp F	Item/Location	Temp F	Item/Loca			Temp F				
cold top/cut tomatoes		41	small cold top/ lasagna		42 chicker			41				
-	cut lettuce	41	cut tomatoes/shredded chees	41/41	bar c	cooler ambie	nt					
ur	nder/shrimp	41	drawers/salmon	41								
steam	n well/lobster bisque	182	steak/ pasta	41/41								
2 doc	or freezer ambient	6	cold top/ shrimp	41								
WIC/	mashed potatoes	41	cut tomatoes	41								
gra	vy/white fish	39/38	drawers/shrimp	41								
ris	sotto/beans	38/40	steak	41								
		OB	SERVATIONS AND CORRECTI	VE ACTION	NS							
Item Number	AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND NOTED BELOW:											
	Prep hand sink 111	equippe	ed									
32	Rusty shelves unde	er prep ta	ables									
45	Clean walls behind	prep tak	oles,									
45	Broken tiles, clean	floors ur	nder equipment									
18	Store chemicals lov	v and se	parate in dry storage. (	cos								
9	Store raw meat low	and sep	parate in WIC									
	Dishwasher sanitizi	ing at 10	00 ppm									
35	Store employee drir	nks low	and separate/not over p	rep tabl	es							
35	Need to organize di	ry storaç	ge to clean and separat	e persor	al item	S						
32	Need to seal expos	ed wood	<u>t</u>									
W	Watch dented cans	<b>;</b>										
45 Need to clean ceilings, walls, some mold around back door												
	3 comp sink 119 F											
	Need to clean fan g											
32	Need to address cu	itting bo	ards in kitchen where d	iscolored	d/ score	d						
42/32	Need to clean shelves in WIC/rusty and food debris											
	Gap under back door											
	•		d sink 100F equipped									
32	+ '											
		sed will	need to use as hand sin	k only an	nd bring	dishes inside to	WR:	<u>S</u>				
34	Gap at back door											
-	1 7											
28												
W	Sani bucket setup to 100ppm chlorine sanitizer . COS as not setup											
Dogo!vo.1	by: Print: Title: Person In Charge/ Owner											
Received (signature)			Will Mc	Mulle	en	Manager Manager	<i>y</i> wner					
Inspected (signature)	Will McMallen  Thy:  Chvisty Cov	ton 1	Print: Christy C	ortaz								
Christy Cortez, RS Christy Cortez, RS Samples: Y N # collection of the context of the context of the collection of the c												