r e Fol	q u low	i r	e c		of \$50.00 is after 1st		Cit	Estab	ocł	Ś		In	spe	ecti	ion Report	Vomit clea	olicy/trainin an up	ng	
								5043					Full	Est. Type Risk Category Full MH Page 1		2			
	Purpose of Inspection: 1-Routine 2-Follow Up 3-Complain Establishment Name: Contact/Owner N								4-	Inve	stiga	atior	1	5-CO/Construction * Number of Repeat Vi	6-Other	TOTAL/SCO	RE		
Tł	The Oar house Shoreline						ine.						✓ Number of Violations	s COS:	14/86/	/R			
	Physical Address: Pest control : Rentokil Compliance Status: Out = not in compliance IN = in compliance							Ho Ame	od erica'	s	LE		e trap :	Follow-up: Yes No Pics	1 1/00/	_			
М					Status: Out = not in components in the OUT box for a	$\frac{1}{10000000000000000000000000000000000$	em		= not o in ap						pplicable COS = corrected of D, NA, COS	on site \mathbf{R} = repeat vio Mark an $\sqrt{10}$ in appropri	olation W- Wate ate box for R	ch	
C	Priority Items (3 Points) violations						Requi		<i>mmediate</i> Compliance				ive Action not to exceed 3	days		T			
O U	0 I N N C Time and Temperature for Food Safety					R	O U T	Ν	N O	Α	C O S	Employee Health			R				
		~	•		1. Proper cooling time and temperature						~			~	12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting				
	~	-			2. Proper Cold Holding temperature(41°F/45°F) See attached						~				13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth				
	~				3. Proper Hot Holding temperature(135°F) See attached						1			Preventing Contamination by Hands					
		V	•	4. Proper cooking time and temperature							~				14. Hands cleaned and properly washed/ Gloves used properly				
		V	•		5. Proper reheating procedure for hot holding (165°F in 2 Hours)						~				15. No bare hand contact with ready to eat foods or approved alternate method properly followed (APPROVED Y. N. Gloves				
		<u> </u>	•		6. Time as a Public Heal	lth Control; proce	edures & r	ecords			1				Highly Su				
					Approved Source						~				16. Pasteurized foods used; Pasteurized eggs used when	fered			
	~				7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction Commercial						<u> </u>								
	~				8. Food Received at prop To always chec						~				17. Food additives; approve& Vegetables	ed and properly stored;	Washing Fruits		
			<u> </u>	<u> </u>	-	from Contamin	ation			-	~				Water 18. Toxic substances prope	rly identified, stored ar	nd used	+	
3		9. Food Separated & protected, prevented during food preparation, storage, display, and tasting				od		Watch Water/ Plumbing											
	~				Food on food in cold top 10. Food contact surface Sanitized at <u>100</u> p			d and			~				19. Water from approved so backflow device	ource; Plumbing install	ed; proper		
		~	•		11. Proper disposition of reconditioned Disca		ously served	d or			~				20. Approved Sewage/Was disposal	tewater Disposal Syste	m, proper		
0	Ι	N	N	С	Prio	ority Foundat	tion Item		nts) v R	iolat 0			uire N	Cor	rrective Action within 10 de	iys		R	
Ŭ T	N	0	A	0 S		of Knowledge/				Ŭ T	Ν	N O	A	Ö S	Food Temperat	ure Control/ Identifie	cation		
	~				21. Person in charge pre and perform duties/ Cert 2						~				27. Proper cooling method Maintain Product Temperat	used; Equipment Ade ture Watch	quate to		
	~				22. Food Handler/ no un All	nauthorized perso	ons/ personi	nel			~				28. Proper Date Marking an			T	
	Safe Water, Recordkeeping and Food Package Labeling				_			~				29. Thermometers provided Thermal test strips Digital	l, accurate, and calibra	ed; Chemical/					
	~				23. Hot and Cold Water Watch						1				-	nt, Prerequisite for O	•		
			~		24. Required records ava destruction); Packaged F		k tags; para	asite			~				30. Food Establishment P 2020	ermit (Current/ insp s	agn posted)		
					Conformance w 25. Compliance with Va	ariance, Specializ	ed Process								31. Adequate handwashing	uipment, and Vendir facilities: Accessible a			
			~		HACCP plan; Variance processing methods; ma	nufacturer instru					~				1 hand sink				
					Cons	sumer Advisory				2					32. Food and Non-food Condesigned, constructed, and See	used			
	~				26. Posting of Consumer foods (Disclosure/Remin In menu / Ingredients	nder/Buffet Plate s by request	e)/ Allergen	Label		2					33. Warewashing Facilities Service sink or curb cleanin No mop sink	ng facility provided	used/		
0	I	N		C	· · · · · ·	/		F	<i>ction</i> R	0	I	Ν	Ν	С	tys or Next Inspection, Wh			R	
U T	N	0	A	O S	Prevention o 34. No Evidence of Inse	of Food Contami		her		U T W		0	A	O S	Foo 41.Original container labeli	d Identification ng (Bulk Food)		F	
1					animals Back door 35. Personal Cleanliness	s/eating, drinking	g or tobacco	use	_	٧١	1				Make vector proof	ysical Facilities		\vdash	
1	~				36. Wiping Cloths; prop	e on cou	inter e	tC	_	1					42. Non-Food Contact surfa			+	
1	-				In buckets 37. Environmental conta Condensation.	amination				1					See 43. Adequate ventilation an See attached various		areas used	-	
╞		V	•		38. Approved thawing n					F	~				44. Garbage and Refuse pro Watch		es maintained	\uparrow	
			1	i		r Use of Utensils	s			1					45. Physical facilities instal See attached	led, maintained, and cl	ean	\uparrow	
1					39. Utensils, equipment, dried, & handled/ In use Watch and protect ha	e utensils; proper anging utensils	ly used etc see at	ttached			~				46. Toilet Facilities; proper	ly constructed, supplie	d, and clean		
W					40. Single-service & sin and used Watch	used	properly sto	ored				~			47. Other Violations				

Retail Food Establishment Inspection Report

City of Rockwall

Received by: (signature) Joel Johnson	Print:	Title: Person In Charge/ Owner
Inspected by: (signature) Kelly Kirkpatrick RS	Print:	Business Email:

Form EH-06 (Revised 09-2015)

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	nent Name: ar house	Physical A I-30		ity/State: Rockwal		2 of <u>2</u>					
Item/Loca	ation	TEMPERATURE OBSERVA Temp F Item/Location		IONS Temp F	Item/Location Temp						
Wic		<u>remp r</u>		170/171		<u>Temp F</u>					
			Soups	170/171	Cold top drawer 2	10.00					
	e / garlic spread		Pasta cold top			40-39					
Pc	otatoes / fish		Veggies	41	Shrimp	39					
Ton	natoes/ pasta		Lasagna / mushrooms	39/39	Drawer						
20	door freezer	-1	Hot wells		Shrimp	39					
	Cold top	39	Soup / sauces	178/160							
Tom	atoes / lettuce	40/40	Bar cooler	37							
	Shrimp /	41	Beer	44-49							
OBSERVATIONS AND CORRECTIVE ACTIONS											
Item AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND Number NOTED BELOW:											
	Hot water at 147 F watch										
34/45											
42/	Clean exteriors to dry good containers and tie up or transfer sugar at night to protect / watch containers with handles										
W	Watch for rusty cans and discard when needed										
	Address rusty shelving at various locations throughout facility										
32	Clean shelving in wic and address rusty and fan guards etc										
	Watch air flow and over stocking top shelf with bags in										
	Watch organization in wic better										
	Condensation in cold top unit is dripping on top plate to address and / gaskets were needed and protect plates										
43	Cold top unit is dark inside - watch										
	Maint to floors walls and ceiling etc holding water grout line / fill holes in walls / seal gaps clean etc										
42/45 42	General cleaning under behind and around Clean ceiling where needed										
42			cold top units - discarded at	inen							
09	Clean under / inside co		•	пър							
	Sanitizer buckets 100 ppm Time to replace cutting boards where needed										
32/45	•		hable ex Wood etc next to p	orep table	eetc						
39			an outside sod trash cans e								
	Using quats wipes and a peroxide wipe for dining area										
	Bleach bucket used for kitchen -100 ppm										
32/	Bar - clean under behind and around / changing wrap on cold plate daily										
42/45	General cleaning inside bar old cooler										
	Address water standing in grout issues and around outside of drains										
Covid Signage / sanitizer / masks / social distancing etc											
Received by: Print: Title: Person In Charge/ Owner											
(signature)	See attac	ched									
Inspected by: (signature) Kelly Kirkpatrick RS											
		urick	'KS		Samples: Y N # collected	d					
Form EH-06	Form EH-06 (Revised 09-2015)										