

Retail Food Establishment Inspection Report

- First aid kit
- Allergy policy
- Vomit clean up
- Employee health

| | | | | | | |
|---------------------------|-------------------------|---------------------------|------------------------------------|-----------|---------------|---------------------------|
| Date: 4/25/2023 | Time in: 9:15 | Time out: 10:40 | License/Permit # FS-8466 | Est. Type | Risk Category | Page <u>1</u> of <u>2</u> |
|---------------------------|-------------------------|---------------------------|------------------------------------|-----------|---------------|---------------------------|

| | | | | | | |
|--|--------------------------------------|--------------------------------------|--|--|----------------------------------|-------------|
| Purpose of Inspection: <input checked="" type="checkbox"/> 1-Routine | <input type="checkbox"/> 2-Follow Up | <input type="checkbox"/> 3-Complaint | <input type="checkbox"/> 4-Investigation | <input type="checkbox"/> 5-CO/Construction | <input type="checkbox"/> 6-Other | TOTAL/SCORE |
|--|--------------------------------------|--------------------------------------|--|--|----------------------------------|-------------|

| | | | |
|---|---------------------|--------------------------------------|----------------|
| Establishment Name: Dodie's Cajun Diner | Contact/Owner Name: | * Number of Repeat Violations: _____ | 20/80/B |
| | | ✓ Number of Violations COS: _____ | |

| | | | | |
|---|---|---|---|---|
| Physical Address: 2067 Summer Lee Dr Rockwall, TX | Pest control : PSSI/4-25-2023 | Hood <small>A-1Service/3-20-2023</small> | Grease trap : EarthTek/1500gal/2-7-2023 | Follow-up: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
|---|---|---|---|---|

Compliance Status: Out = not in compliance IN = in compliance NO = not observed NA = not applicable COS = corrected on site R = repeat violation W- Watch
 Mark the appropriate points in the OUT box for each numbered item Mark '✓' a checkmark in appropriate box for IN, NO, NA, COS Mark an X in appropriate box for R

Priority Items (3 Points) violations Require Immediate Corrective Action not to exceed 3 days

| Compliance Status | | | | | | Compliance Status | | | | | |
|---|----|----|----|-----|---|---|----|----|----|-----|---|
| OUT | IN | NO | NA | COS | R | OUT | IN | NO | NA | COS | R |
| Time and Temperature for Food Safety (F = degrees Fahrenheit) | | | | | | Employee Health | | | | | |
| 3 | | | | | | | | | | | |
| | ✓ | | | | | | | | | | |
| | | ✓ | | | | | | | | | |
| | | ✓ | | | | | | | | | |
| | | ✓ | | | | | | | | | |
| | ✓ | | | | | | | | | | |
| Approved Source | | | | | | Preventing Contamination by Hands | | | | | |
| | ✓ | | | | | | ✓ | | | | |
| | ✓ | | | | | | ✓ | | | | |
| Protection from Contamination | | | | | | Highly Susceptible Populations | | | | | |
| | ✓ | | | | | | ✓ | | | | |
| 3 | | | | | | | | | | | |
| | ✓ | | | | | | | | | | |
| Safe Water, Recordkeeping and Food Package Labeling | | | | | | Chemicals | | | | | |
| | ✓ | | | | | | ✓ | | | | |
| | ✓ | | | | | | ✓ | | | | |
| Conformance with Approved Procedures | | | | | | Water/ Plumbing | | | | | |
| | ✓ | | | | | | ✓ | | | | |
| | ✓ | | | | | | ✓ | | | | |
| Consumer Advisory | | | | | | Permit Requirement, Prerequisite for Operation | | | | | |
| | ✓ | | | | | | | | | | |
| | ✓ | | | | | | | | | | |

Priority Foundation Items (2 Points) violations Require Corrective Action within 10 days

| Compliance Status | | | | | | Compliance Status | | | | | |
|--|----|----|----|-----|---|---|----|----|----|-----|---|
| OUT | IN | NO | NA | COS | R | OUT | IN | NO | NA | COS | R |
| Demonstration of Knowledge/ Personnel | | | | | | Food Temperature Control/ Identification | | | | | |
| | ✓ | | | | | | | | | | |
| | ✓ | | | | | | ✓ | | | | |
| Safe Water, Recordkeeping and Food Package Labeling | | | | | | Permit Requirement, Prerequisite for Operation | | | | | |
| | ✓ | | | | | | | | | | |
| | ✓ | | | | | | | | | | |
| Conformance with Approved Procedures | | | | | | Utensils, Equipment, and Vending | | | | | |
| | ✓ | | | | | | ✓ | | | | |
| Consumer Advisory | | | | | | Permit Requirement, Prerequisite for Operation | | | | | |
| | ✓ | | | | | | | | | | |
| | ✓ | | | | | | | | | | |

Core Items (1 Point) Violations Require Corrective Action Not to Exceed 90 Days or Next Inspection, Whichever Comes First

| Compliance Status | | | | | | Compliance Status | | | | | |
|---|----|----|----|-----|---|----------------------------|----|----|----|-----|---|
| OUT | IN | NO | NA | COS | R | OUT | IN | NO | NA | COS | R |
| Prevention of Food Contamination | | | | | | Food Identification | | | | | |
| 1 | | | | | | 1 | | | | | |
| | ✓ | | | | | Physical Facilities | | | | | |
| | ✓ | | | | | 1 | | | | | |
| 1 | | | | | | | ✓ | | | | |
| | ✓ | | | | | | ✓ | | | | |
| Proper Use of Utensils | | | | | | Physical Facilities | | | | | |
| | ✓ | | | | | 1 | | | | | |
| | ✓ | | | | | | ✓ | | | | |
| | ✓ | | | | | | ✓ | | | | |

Retail Food Establishment Inspection Report

| | | |
|--|----------------------------------|--|
| Received by: (signature) <i>Lisa Reinhold</i> | Print: Lisa Reinhold | Title: Person In Charge/ Owner Manager |
| Inspected by: (signature) <i>Christy Cortez, RS</i> | Print: Christy Cortez, RS | Business Email: |

Form EH-06 (Revised 09-2015)

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|---|--|------------------------------------|------------------------------------|---------------------------|
| Establishment Name: Dodie's Cajun Diner | Physical Address: 2067 Summer Lee Dr | City/State: Rockwall, TX | License/Permit # FS-8466 | Page 2 of 2 |
|---|--|------------------------------------|------------------------------------|---------------------------|

TEMPERATURE OBSERVATIONS

| Item/Location | Temp F | Item/Location | Temp F | Item/Location | Temp F |
|----------------------------|--------------|-----------------------------------|--------------------|---------------------------|--------------|
| 2 door freezer ambient | 7 | crab leg freezer ambient | -13 | raw chicken/fish | 37/37 |
| left cold top/shrimp | 37 | steam wells not setup/water under | 175 | salad cooler/cut tomatoes | 41/41 |
| shrimp/crawfish | 41/40 | WIC/on cart/beans | 41 | black freezer ambient | 3 |
| under/raw chicken | 37 | gumbo/chowder | 41/41 | | |
| shrimp | 35 | 2 door freezer ambient | 10 | | |
| right side cold top/shrimp | 42 | WIC/rice/rice | 45/45 | | |
| shrimp/pico | 42/38 | dirty rice | 42/42/42 | | |
| under/corn | 36 | boiled potatoes | 39/39/40/39 | | |

OBSERVATIONS AND CORRECTIVE ACTIONS

| | |
|-------------|---|
| Item Number | AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND NOTED BELOW: |
| | Prep hand sink 100+F with soap and paper towels. Post employee health poster |
| 10/33 | Dishwasher not sanitizing. Changed sani bucket. COS to 100 ppm chlorine sanitizer |
| | Line hand sink 132 F with soap and paper towels. Suggestion to adjust/ minimum 100F for hand washing |
| 45 | Need to clean walls behind prep areas. Also clean floors/some missing grout |
| W | Store knives clean overnight |
| 42 | Need to clean in/around/on equipment/ handles, fronts of coolers |
| 41 | Need to use spice containers refills for original product only/don't refill with another spice/labeled incorrectly |
| 18 | Sani bucket setup far too strong/1500ppm quats. COS to 200 ppm. Will need to repair dispenser to dispense at 150-400ppm quats |
| | Will need to use test strips to check |
| 32 | Need to clean cutting boards where badlyscored/discolored. Replace when necessary |
| 37 | Time to defrost crab leg freezer/condensation buildup |
| 42 | Need to clean shelves/dry storage in cook line/grease buildup |
| | 3 comp sink 159 F/really hot |
| 42 | Clean outside and inside of 2 door freezer |
| 34 | Live roach/commercially sprayed this morning |
| 45 | Need to clean air return vents over dry storage |
| 1 | Discarded rice at 45 made previous day as never made it to 41F or below |
| 27 | Must aggressively cool previously cooked foods. 2 hours to 70 then 4 hours to 41F or below |
| 45 | Need to clean floor drains |
| W | In drink station, no hand sink. Discussed needing when remodeling. Will use bar/or kitchen hand sink |
| | Oyster tags on file in order |
| | Bar hand sink 100+F with soap and paper towels |
| | Bar dishwasher at 100 ppm chlorine sanitizer |
| 18 | In bar under ice bin, chemicals need to be stored low and separate/not with food contact items and spices, etc |
| | Margarita broken down and cleaned weekly |
| W | When printing new menus, add asterisks to advisory and menu items indicated |
| | |
| | |

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|--|----------------------------------|--|
| Received by: (signature) <i>Lisa Reinhold</i> | Print: Lisa Reinhold | Title: Person In Charge/ Owner Manager |
| Inspected by: (signature) <i>Christy Cortez, RS</i> | Print: Christy Cortez, RS | Samples: Y N # collected |

Form EH-06 (Revised 09-2015)