

Retail Food Establishment Inspection Report

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

| | | | | | | |
|---------------------------|-------------------------|--------------------------|------------------------------------|-----------|---------------|---------------------------|
| Date: 10/5/2022 | Time in: 1:45 | Time out: 2:56 | License/Permit # FS-7877 | 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: Steak n Shake | | | Contact/Owner Name: | | * Number of Repeat Violations: _____ | | 16/84/B |
| Physical Address: I-30 Rockwall, TX | | | Pest control : Ecolab/monthly | Hood AverUS/3mo | Grease trap : Southwaste/1500gal/3mo | 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 | | | | | | Preventing Contamination by Hands | | | | | |
| | ✓ | | | | | | ✓ | | | | |
| | | | ✓ | | | | ✓ | | | | |
| | ✓ | | | | | Highly Susceptible Populations | | | | | |
| Approved Source | | | | | | | ✓ | | | | |
| | ✓ | | | | | Chemicals | | | | | |
| | ✓ | | | | | | ✓ | | | | |
| Protection from Contamination | | | | | | 3 | | | | ✓ | |
| | ✓ | | | | | Water/ Plumbing | | | | | |
| 3 | | | | ✓ | | | ✓ | | | | |
| | ✓ | | | | | | ✓ | | | | |

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 | | | | | |
| 2 | | | | | | | ✓ | | | | |
| | ✓ | | | | | | ✓ | | | | |
| Safe Water, Recordkeeping and Food Package Labeling | | | | | | | ✓ | | | | |
| | ✓ | | | | | Permit Requirement, Prerequisite for Operation | | | | | |
| | ✓ | | | | | | ✓ | | | | |
| Conformance with Approved Procedures | | | | | | Utensils, Equipment, and Vending | | | | | |
| | ✓ | | | | | | ✓ | | | | |
| Consumer Advisory | | | | | | W | | | | | |
| | ✓ | | | | | | ✓ | | | | |

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 | | | | | | | ✓ | | | | |
| | ✓ | | | | | Physical Facilities | | | | | |
| | ✓ | | | | | 1 | | | | | |
| | ✓ | | | | | 1 | | | | | |
| | ✓ | | | | | | ✓ | | | | |
| Proper Use of Utensils | | | | | | 1 | | | | | |
| | ✓ | | | | | | ✓ | | | | |
| 1 | | | | | | | ✓ | | | | |

1st followup is free. Any additional followups will result in a \$50 fee.

Retail Food Establishment Inspection Report

| | | |
|--|----------------------------------|--|
| Received by: (signature) <i>Jordan Edwards</i> | Print: Jordan Edwards | 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: Steak N Shake | Physical Address: I-30 | City/State: Rockwall, TX | License/Permit # FS-7877 | Page __ of __ |
|---|----------------------------------|------------------------------------|------------------------------------|---------------|

TEMPERATURE OBSERVATIONS

| Item/Location | Temp F | Item/Location | Temp F | Item/Location | Temp F |
|--------------------------------|--------------|--|--------------|----------------|-----------|
| hot holding reach in ambient | 160 | hot holding drawers/chili | 189 | WIC/tomatoes | 37 |
| cold top/hamburger | 41 | grilled onions | 178 | grilled onions | 40 |
| cheese | 41/41 | reach in fry freezer ambient | 11 | chili | 32 |
| under/hamburger | 41 | reach in freezer ambient | 4 | raw hamburger | 37 |
| hotdog | 41 | whipped topping machine/mix | 41 | WIF ambient | -4 |
| drawer/chili | 38 | under counter cooler/whipped topping mix | 36 | | |
| sandwich cold top/cut tomatoes | 41 | Shake machine mix | 38/34 | | |
| shredded cheese | 41 | cheese sauce in cheese dispenser | 112 | | |

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: |
|--------------|---|
| | Hand sink drink counter 100 F with soap and paper towels. Post employee health poster at hand sink. |
| | Sani buckets 0 ppm quats. COS to 200 ppm quats |
| | Soda/tea nozzles WRS daily |
| | 3 comp sink 138 F |
| | Sani sink setup to 200 ppm quats |
| | Back hand sink by ice machine 104 F |
| 34 | Fruit flies and dead roach/flipped |
| | Front hand sink 100+F with soap and paper towels |
| W | Top cold top/using ice to cold hold at 41F and below. All TCS at 41F and below. Waiting to be repaired |
| | Flat top ambient temp 303 to 350 F |
| 42 | Clean inside coolers and freezers/some food debris |
| 42 | Clean inside hand sinks and shake machine cleaner |
| | Shake cups are rinsed after every use and WRS every 4 hours |
| 3 | Cheese sauce in cheese dispenser not hot holding at 135+F. Front panel to machine is missing. Box indicates to refrigerate after opening. |
| | Manager to find provide a product assessment or repair dispenser to hot hold at 135+F. Discarded Cheese as had been out over 4 hours |
| 42 | Clean in drawers in back/organize |
| 18 | Store Air Wick oils low and separate/not in kitchen or above prep areas or over to go lids. COS |
| 40 | Replace plastic bags being used on Shake cup holder with a cleanable material |
| 40 | Clean shake cup holder/dispenser |
| 45 | Broken tiles/baseboards in WIC |
| | No chicken, only raw beef |
| 43 | Need lights to be working in dry storage closet |
| 45 | Floor in WIF/tripping hazard/metal floor plate lifting up/repair |
| 21 | Certified food manager to be on duty during all prep and servid |
| 42/45 | Clean in/around/on equipment, floors, walls behind Shake machines |
| W | Clean cutting boards where discolored and/or scored |
| | |
| | |

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

Form EH-06 (Revised 09-2015)