



Dallas County Health and Human Services - Environmental Health Division

Retail Food Establishment Inspection Report

2377 N. STEMMONS FRWY., RM 607, DALLAS, TX 75207 214-819-2115 FAX: 214-819-2868

| | | | | | | |
|---------------------|----------|-----------|------------------------------|-----------|---------------|-----------------------------|
| Date: 9-9-16 | Time in: | Time out: | License/Permit # 0247 | Est. Type | Risk Category | Page <u> </u> of <u> </u> |
|---------------------|----------|-----------|------------------------------|-----------|---------------|-----------------------------|

| | | | | | | |
|-------------------------------|--------------|-----------|-----------------------|---------|---------|--------------------|
| Purpose of Inspection: | 1-Compliance | 2-Routine | 3-Field Investigation | 4-Visit | 5-Other | TOTAL/SCORE |
|-------------------------------|--------------|-----------|-----------------------|---------|---------|--------------------|

| | | | |
|--|---|--|---|
| Establishment Name: DALLAS COUNTRY CLUB (COUNTRY) | Contact/Owner Name: MICHAEL THOMAS | * Number of Repeat Violations: <u> </u> | 2 |
| Physical Address: 4100 BEVERLY | | City/County: IRVING/DALLAS | |
| Zip Code: <u> </u> | | Phone: <u> </u> | Follow-up: Yes <input type="checkbox"/> No (circle one) |

Compliance Status: Out = not in compliance IN = in compliance NO = not observed NA = not applicable COS = corrected on site R = repeat violation
 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 asterisk '*' in appropriate box for R

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

| Compliance Status | | | | | | R | Compliance Status | | | | | | R |
|--|----|----|----|-----|--|---|------------------------|----|----|----|-----|---|---|
| OUT | IN | NO | NA | COS | | | OUT | IN | NO | NA | COS | | |
| Time and Temperature for Food Safety (F = degrees Fahrenheit) | | | | | | | Employee Health | | | | | | |
| | | ✓ | | | | | ✓ | | | | | 12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting | |
| | ✓ | | | | | | ✓ | | | | | 13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth | |
| | ✓ | | | | | | | | | | | Preventing Contamination by Hands | |
| | | | ✓ | | | | ✓ | | | | | 14. Hands cleaned and properly washed/ Gloves used properly | |
| | | | | ✓ | | | | | | ✓ | | 15. No bare hand contact with ready to eat foods or approved alternate method properly followed (APPROVED Y N) | |
| | | | | ✓ | | | | | | | | Highly Susceptible Populations | |
| | | | | | | | ✓ | | | | | 16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required | |
| | ✓ | | | | | | | | | | | Chemicals | |
| | ✓ | | | | | | ✓ | | | | | 17. Food additives; approved and properly stored; Washing Fruits & Vegetables | |
| | | | | | | | ✓ | | | | | 18. Toxic substances properly identified, stored and used | |
| | ✓ | | | | | | | | | | | Water/ Plumbing | |
| | | | | | | | ✓ | | | | | 19. Water from approved source; Plumbing installed; proper backflow device | |
| | | | | ✓ | | | ✓ | | | | | 20. Approved Sewage/Wastewater Disposal System, proper disposal | |

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

| Compliance Status | | | | | | R | Compliance Status | | | | | | R |
|--|----|----|----|-----|--|---|---|----|----|----|-----|--|---|
| OUT | IN | NO | NA | COS | | | OUT | IN | NO | NA | COS | | |
| Demonstration of Knowledge/ Personnel | | | | | | | Food Temperature Control/ Identification | | | | | | |
| | ✓ | | | | | | ✓ | | | | | 27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature | |
| | ✓ | | | | | | ✓ | | | | | 28. Proper Date Marking and disposition | |
| | | | | | | | ✓ | | | | | 29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips | |
| Safe Water, Recordkeeping and Food Package Labeling | | | | | | | | | | | | Permit Requirement, Prerequisite for Operation | |
| | ✓ | | | | | | ✓ | | | | | 30. Food Establishment Permit (Current & Valid) | |
| | | | ✓ | | | | | | | | | Utensils, Equipment, and Vending | |
| Conformance with Approved Procedures | | | | | | | ✓ | | | | | 31. Adequate handwashing facilities: Accessible and properly supplied, used | |
| | | | | ✓ | | | ✓ | | | | | 32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used | |
| Consumer Advisory | | | | | | | ✓ | | | | | 33. Warewashing Facilities; installed, maintained, used/ Service sink or curb cleaning facility provided | |
| | ✓ | | | | | | ✓ | | | | | | |

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

| Compliance Status | | | | | | R | Compliance Status | | | | | | R |
|---|----|----|----|-----|--|---|----------------------------|----|----|----|-----|--|---|
| OUT | IN | NO | NA | COS | | | OUT | IN | NO | NA | COS | | |
| Prevention of Food Contamination | | | | | | | Food Identification | | | | | | |
| | | | | | | | ✓ | | | | | 41. Original container labeling (Bulk Food) | |
| | ✓ | | | | | | | | | | | Physical Facilities | |
| | ✓ | | | | | | ✓ | | | | | 42. Non-Food Contact surfaces clean | |
| | ✓ | | | | | | ✓ | | | | | 43. Adequate ventilation and lighting; designated areas used | |
| | | | ✓ | | | | ✓ | | | | | 44. Garbage and Refuse properly disposed; facilities maintained | |
| Proper Use of Utensils | | | | | | | ✓ | | | | | 45. Physical facilities installed, maintained, and clean | |
| | ✓ | | | | | | ✓ | | | | | 46. Toilet Facilities; properly constructed, supplied, and clean | |
| | ✓ | | | | | | ✓ | | | | | 47. Other Violations | |

| | | |
|----------------------------------|------------------------------|--------------------------------|
| Received by: <i>[Signature]</i> | Print: Zac Wilbur | Title: Person In Charge/ Owner |
| Inspected by: <i>[Signature]</i> | Print: Nancy Phillips | Business Email: |

