

Waco-McLennan County Public Health District 225 West Waco Drive • Waco, Texas 76707 (254) 750-5464

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Inspection #: _	035508 -
Case #	022

Food Establishment Inspection Report

		L EREC	Pro	-tio	Al hy	rch	701 t	Į.	Page of	7
Date 9 / 12 / 22 Establishment Name	ru Queen							P878980	TOTAL/SC	ORE 2
Purpose of Inspection: 1-Permit/Renewal		Reinsp	ection		4-C	omp	olaint 🗌 5-Other	,		
Contact/Owner Name:	mich Chat	ī,m	av	١			★ Number of Report Number of Viol		10	
Physical Address: (310 N) T	U 70 (47.5	4	- 0	1		Code: Phone:	Follow-u	ip: YesNo	
6210 10 -1		<u> </u>	Lev				707	Daye 8	The second secon	Y Servicions.
Compliance Status: Out = not in co Mark the appropriate points in the OUT box for each nu	mpliance IN = in compliance ambered item Mark	NO =	inot ou eckmai	served k in ar	NA. propri	. = not iate be	ot applicable COS = correct for IN, NO, NA, COS	ected on site R = repea Mark an asterisk '*	it violation ' in appropriate box	for R
	tems (3 Points) violations R									
Compliance Status O I N N C Time and Temporatu		R	Co	mpliar I N						26 8 8 8
$\begin{array}{c cccc} O & I & K & C & \\ U & N & O & A & O \\ T & & & S & & \\ \end{array}$ Time and Temperator (F = degrees I		A	U	N (Employee Health		R
1. Proper cooling time and tem		\$4500 ptps	Anti-	7		0	12. Management, food	d employees and condition	onal employees;	150000
2. Proper Cold Holding temper	ratura (A1E/A5E)	+	\vdash				knowledge, responsib	ilities, and reporting		
				1			eyes, nose, and mouth		J	
3. Proper Hot Holding tempera 4. Proper cooking time and tem		-		7	Ŧ			ting Contamination by I ad properly washed/ Glov		400 (seres 500 (sessos)
5. Proper reheating procedure f	*	+	\vdash		27 3/220	1	15. No bare hand cont	tact with ready to eat food	ds or approved	-
Hours) 6. Time as a Public Health Con	-t1 procedures & records	1	5,000				alternate method prop	erly followed (Approved	i YN)	
Approved			manufacture of a special state of the special state	\forall	1 500	(2)(2)(2)(ily Susceptible Populati used; prohibited food no		249 Mary
	ACCURATE ACCURAGE PARTY		1000000			Arrage.	Pasteurized eggs used			
7. Food and ice obtained from a good condition, safe, and unade								Chemicals		
destruction		11	002350					an a provincial de la company		
8. Food Received at proper tem	iperature			1			17. Food additives; ap	proved and properly stor	ed; Washing Fruits	
Protection from C			3					properly identified, stored	d and used	
9. Food Separated & protected, preparation, storage, display, at							(2500 Golder 2200 S	Water/ Plumbing		
10. Food contact surfaces and I	Returnables; Cleaned and	\Box	2			g .		ved source; Plumbing ins	stalled; proper	<u> Antalogue no</u>
Sanitized at 400 (Qua		\vdash	1		4	<u> </u>	backflow device	e/Wastewater Disposal Sy	estam propar	\perp
reconditioned	.ou, proviously served,			1			disposal	/ Wasicwater Disposar Sy	/stein, proper	
	Foundation Items (2 Poin	Option in the Control of the Control		THE PERSON NAMED IN	Carlo December 1	-	ctive Action within 10	days		
O I N N C U N O A O Demonstration of Kno	owledge/ Personnel	R	O U	N C			Food Tem	perature Control/ Ident	rification	R
T S 21. Person in charge present, do		Emple in a	T	\rightarrow	4-	S		ethod used; Equipment A		111 677 - 1 121 6 774
and perform duties/ Certified F	Food Manager (CFM)		Ш				Maintain Product Ten	nperature	dequate to	
22. Food Handler unauthor		Taking .	\vdash	_	%a	\vdash	28. Proper Date Marki		1 - t- 1 Ch-minal/	\bot
Safe Water, Record Keepin	ig and Package Labeling			1			Thermal test strips	ovided, accurate, and calil	brated; Chemican	_
23. Hot and Cold Water availab			7467				i inghalitymphigrapiding blevkerice	rement, Prerequisite fo	r Operation	
24. Required records available destruction); Package food labe				7		T	30. Food Establishme	ent Permit (Current & V	Valid)	
Conformance with Ap	proved Procedures		//////////////////////////////////////	Language Language Language			A contract of a	ls, Equipment, and Ven		
25. Compliance with Variance,	, Specialized Process, and				7			shing facilities: Accessib	A STATE OF THE PARTY OF THE PAR	
HACCP plan; Variance obtaine processing methods; manufactu			11	1		4000	supplied, used	2° F/a crep.		()
Consumer /				سلر	Sa Parane.	1		od Contact surfaces cleans	able, properly	'
26. Posting of Consumer Advis	sories: raw or under cooked	366	-		4	\vdash	designed, constructed, 33. Warewashing Faci	, and used ilities; installed, maintain	red need	
foods (Disclosure/Reminder/Bu	uffet Plate)/ Allergen Label			1			Service sink or curb c	leaning facility provided	l	
	ations Require Corrective A					THE RESERVE OF THE PARTY OF THE	s or Next Inspection, V	Vhichever Comes First		
O I N N C Prevention of Food	l Contamination	R	U	N C		O		Food Identification		R
T S 34. No Evidence of Insect conta	amination rodent/other		T	سرانه	#	S	41.Original container			
/ animals							41.Original container	latering (Durk 1 tod)		
35. Personal Cleanliness/eating 36. Wiping Cloths; properly us			43195	-	4	2232) 4	42. Non-Food Contact	Physical Facilities		8000
37. Environmental contamination		\vdash		1	1			ion and lighting; designat	ed areas used	+-
38. Approved thawing method		7-American	Z	工			44. Garbage and Refus	se properly disposed; fac	ilities maintained	
Proper Use o 39. Utensils, equipment, & line	ens: properly used, stored,	72790	1	+		+		installed, maintained, and properly constructed, supp		术
dried, & handled/In use utensils	s; properly used		\angle	\perp	2,187			Toporty constructed, sup-	pried, and cican	
40. Single-service & single-use	articles; properly stored		1	1			47. Other Violations			-
Received by:		Print	t: /	7,	' /	7	7)	Title: 🃶		
(signature)			۲۸	7-1	ch	<u>U</u>	ya!	Title: Ma	rage1	
Inspected by Signature)		Print S C	#/	زروا	. (the	THE Elliet		es: (G/2)	
	luts not laha	000	·	7~	7	1-1	101	11107.22	-1/2	-
(1)	July 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	٠.,		يب)—	144	1 el by		•	
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2 2

Establishment:		Permit #:	Date:					
	Dairy Queen	08980	9-12-22					
Address:	6310 N. IH 35 City: 1	acy:	Zip Code: 76705					
TEMPERATURE OBSERVATIONS								
Item/Location/	Food Temperature °F B) Chese in walkin @	37°F.						
!	NS AND CORRECTIVE ACTIONS							
Item Number	AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION I AND NOTED BELOW.	S DIRECTED TO THE CON	DITIONS OBSERVED					
19	No air gap for Ice much	ine ice !	zin 8					
	3 compartment singe.	<u>, </u>						
45								
	on floor. Needs to be no	assed of	4 floor to					
allow cleaning.								
+45 A) Floor drain tover coret missing by syrup								
dispersors. Repeat violation.								
3) Missing drain cover by ice cream machine								
34 - Back door rusted at bottom and door								
frame with visible light coming in various								
areas,								
46	Leak under waste pipe @	3 compas	west sink.					
44	Dumpster is on soil and	gravel.	Place					
	a proper pad.	grave.						
	W. T. T.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
	You will need a veinspec	tion due	to your					
repeat violation and other violations								
that need corrected.								
Pay reinspection fee of 8500 due by								
	9/19/22 9-20-22 4:00 pm,							
	254-759-76	£ 1 1_						
Built Clarkers Fred								
(signature) Inspected by: Print: Pri								
()(5	Suft fairs 1	Tess Elliott						