



Retail Food Establishment Inspection Report

Date: 3 / 28 / 2017	Time in:	Time out:	License/Permit: 0043	Est. Type	Risk Category	Page ___ of ___
---------------------	----------	-----------	----------------------	-----------	---------------	-----------------

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

Establishment: Dixie Diner	Contact/Owner Name:	<input checked="" type="checkbox"/> Number of Repeat Violations: ___	32 Score 68
Physical Address: 4115 N King Hwy	City/County: Bowie	✓ Number of Violations COS: ___	
Zip Code: 75503	Phone: 903-223-0841	Follow-up:	

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

Out/In/NO/NA COS*	Compliance Status				Compliance Status
	X				1. Proper cooling time and temperature
3				R	2. Proper Cold Holding temperature(41°F/ 45°F)
	X				3. Proper Hot Holding temperature(135°F)
	X				4. Proper cooking time and temperatures and
	X				5. Proper reheating procedure for hot holding (165°F in 2 Hours)
	X				6. Time as a Public Health Control; procedures & records
Approved Source					
X					7. Food and ice obtained from Approved Source; Food in Good Condition, Safe, and Unadulterated
X					8. Food Received at proper temperature
Protection from Contamination					
3					9. Food Separated & protected, prevented during food preparation, storage, display, and tasting
3				R	10. Food contact surfaces and Returnables ; Cleaned and Sanitized at 100 ppm/temperatures
X					11. Proper disposition of returned, previously served or reconditioned
Preventing Contamination by Hands					
X					12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting
X					13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth
3					14. Hands cleaned and properly washed/ Gloves used properly
3				R	15. No bare hand contact with ready to eat foods or approved alternate method properly followed (APPROVED Y__N__)
Highly Susceptible Populations					
X					16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required
Chemicals					
X					17. Food additives; approved and properly stored; Washing Fruits & Vegetables
X					18. Toxic substances properly identified, stored and used
Water/ Plumbing					
3					19. Water from approved source; Plumbing installed; proper backflow device
X					20. Approved Sewage/Wastewater Disposal System, proper disposal

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

OU T	IN	NO	NA	COS	Demonstration of Knowledge/ Personnel	R	OU T	IN	NO	NA	COS	Food Temperature Control/ Identification	R
	X				21. Person in charge present, demonstration of knowledge, and perform duties/ Certified Food Manager (CFM)		X					27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature	
	X				22. Food Handler/ no unauthorized persons/ personnel		2					28. Proper Date Marking and dispositions	
Safe Water, Recordkeeping and Food Package Labeling							X					29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips	
X					23. Hot and Cold Water available; adequate pressure, safe		Permit Requirement, Prerequisite for Operation						
			X		24. Required records available (shellstock tags; parasite destruction); Packaged Food labeled		X					30. Food Establishment Permit (Current & Valid)	
Conformance with Approved Procedures							Utensils, Equipment, and Vending						
			X		25. Compliance with Variance, Specialized Process, and HACCP plan; Variance obtained for specialized processing methods; manufacturer instructions		2					31. Adequate hand-washing facilities: Accessible and properly supplied, used	



Retail Food Establishment Inspection Report

Consumer Advisory						2				32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used	R
			X						26. Posting of Consumer Advisories; raw or under cooked foods (Disclosure/Reminder/Buffer Plate)/ Allergen Label'		
						X			33. Warewashing Facilities; installed, maintained, used/ Service sink or curb cleaning facility provides		
Core Items (1 Point) Violations Require Corrective Action Not to Exceed 90 Days or Next Inspection , Whichever Comes First											
OU	IN	N	NA	C	OS	Prevention of Food Contamination					R
1						34. No Evidence of Insect contamination, rodent/other animals					R
1						35. Personal Cleanliness/eating, drinking or tobacco use					
1						36. Wiping Cloths; properly used and stored					
1						37. Environmental contamination					R
	X					38. Approved thawing method					
						Proper Use of Utensils					
	X					39. Utensils, equipment, & linens; properly used, stored, dried, & handled/ In use utensils; properly used					
	X					40. Single-service & single-use articles; properly stored and used					
OU	IN	N	NA	C	OS	Food Identification					R
	X					41.Original container labeling (Bulk Food)					
						Physical Facilities					
1						42. Non-Food Contact surfaces clean					R
1						43. Adequate ventilation and lighting; designated areas used					R
	X					44. Garbage and Refuse properly disposed; facilities maintained					
1						45. Physical facilities installed, maintained, and clean					
	X					46. Toilet Facilities; properly constructed, supplied, and clean					
1						47. Other Violations					
Received by: (signature) <i>Mike Morris</i>						Print: Mike Morris					Title: Person In Charge/ Owner
Inspected by: (signature) <i>Janet McKinney</i>						Print: Janet McKinney					Business Email:

Form EH-06 (Revised 09-2015)

Inspection Item No.

Corrective Actions to Ensure Safe Food

Page __ of __ Coleslaw

- 1
 - Cooling**
 - TCS* food cooled from 135° F to 70° F more than 2 hours OR 135° F to 41° F (45° F) More than 6 hours; OR prepared food cooled to 41° F (45° F) more than 4 hours:
Action: Voluntary destruction, rapid reheating of cooked foods if less than 4 hours
- 2
 - Cold Hold**
 - TCS food held above 41° F (45° F) more than 4 hours:
Action: Voluntary destruction
 - TCS food held above 41° F (45° F) less than 4 hours:
Action: Rapid cool (e.g. ice bath)
- 3
 - Hot Hold**
 - TCS food held below 135° F more than 4 hours:
Action: Voluntary destruction
 - TCS food held below 135° F less than 4 hours:
Action: Rapid reheats to 165° F or more
- 4
 - Cooking**
 - TCS food undercooked:
Action: Re-cook to proper temperature
- 5
 - Rapid Reheating**
 - TCS food improperly reheated:
Action: Reheat rapidly to 165° F
- 7
 - Approved Source/Sound Condition**
 - Foods from unapproved sources/unsound condition:
Action: Voluntary destruction
- 9
 - Cross-Contamination of Raw/Cooked Foods**
 - Ready-To-Eat food contaminated by raw TCS food:
Action: Voluntary destruction of ready-to-eat foods
- 14
 - Hand washing**
 - Food employees observed not washing hands:
Action: Instruct employees to wash hands as specified in the Rules.
- 15
 - Proper Handling of Ready-to-Eat Foods**
 - Employee did not properly wash and sanitize hands before touching ready-to-eat food with Bare hands:
Action: Voluntary destruction



Retail Food Establishment Inspection Report

19, 23 Water Supply

- Facility does not have water for washing hands, preparing food, or cleaning equipment/utensils: I
Action: Voluntary suspension of food preparation

* Time/Temperature Control for Safety (TCS)

Form EH-06 (Revised 09-2015)T

Establishment Name:		Physical Address:		City/State:		License/Permit #		Page __ of __	
TEMPERATURE OBSERVATIONS									
Item/Location	Temp	Item/Location	Temp	Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Twice baked / 3 Door Cooler	41.4	Soup / Soup warmer	125.4	Ham / Grill Cooler					
Cube chicken / 3 door cooler	41.9	Mac n Cheese / Front warmer	143.6	Lettuce / Low Boy Cooler					
Milk / 2 door reach	36.3	Tomatoes relish /LowBoy Cooler	38.6	Chopped Steak / Grill Cooler					
Potatoes / Back Steam Table	174.9	Chopped Steak /Grill Cooler	38.3						
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:								
2	Improper Cold Holding; temperature not at 41°F or below in Drawer Cooler (immediately)								
9	Food Not Separated & protected, prevented during food preparation, storage, display, and tasting (immediately)								
10	Food contact surfaces; Not Cleaned and Sanitized (immediately)								
14	Hands were not cleaned and properly washed / Gloves used properly (immediately)								
15	No bare hand contact with ready to eat foods (bare hand contact was used with prepared food items) (immediately)								
19	Water from approved source; Plumbing installed; proper backflow device; (air gaps needed)								
28	Proper Date Marking and dispositions; date marking needed and disposition of pies are questionable (immediately)								
32	Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used (Cabinets and liners)								
34	Evidence of Insect and rodent contamination (immediate elimination needed)								
35	Personal Cleanliness/drinking								
36	Wiping Cloths; improperly used and stored								
37	Environmental contamination (shelves, tiles and vents) (immediately)								
42	Non-Food Contact surfaces need cleaning (immediately)								
43	Lack Adequate ventilation and lighting; designated areas used								
45	Physical facilities installed, maintained, and clean (immediately)								
47	hair restraint needed (immediately)								
31	Hand-washing facilities: Accessible and improperly used								
	Three postings need to be in the public eye; Inspection Report, CFM certificate, and Food Permit								
Received by: (signature)			Print: Mike Morris				Title: Person In Charge/ Owner		
Inspected by: (signature)			Print: Janet McKinney				Samples: Y N # collected ____		



Retail Food Establishment Inspection Report