

RETAIL INSPECTION REPORT

Firm #: 50648	Insp#: 6	Date: 11/1/2024
Joint Inspection ? No	Amy Prior	IN: 1:40:54 PM
Inspector 2:	PFC: 01A	OUT: 2:58:01 PM
Establishment Name: Ogallala Dairy Queen	SFC:	
Address 1: 200 Texas Trail Dr	Purpose: Regular	<input type="checkbox"/> Complaint
Address 2:	Follow-up: No	
City: Ogallala State: NE Zip: 69153	Hours of Operation:	
Owner Name: Collignon, Brooke & Avery, Steve	Latitude: 0 .	Longitude: -0 .
Corporation Name: Avignon Ventures LLC	Inspection Interval: 365	Risk: M
Phone: (308) 284-4102	Email: epacker03@gmail.com	
Notification:		

TEMPERATURE OBSERVATIONS

ProductName	ProductTemp	Location
Tomato	38°F	Make Table
Hot Dog	37°F	Lower area in the make table
Chili	168°F	Hot holding area

VIOLATIONS

INSPECTION INFORMATION

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of food-borne illness or injury. Public health interventions are control measures to prevent food-borne illness or injury. Good Retail Practices are preventative measures to control the addition of pathogens, chemicals and physical objects into foods.

Unless otherwise stated, violations cited in this report shall be corrected within a period not to exceed 10 calendar days for critical items (§8-405.11) or 90 days for noncritical items (§8-406.11).

COMPLIANCE KEY: Y=in compliance; N=not in compliance; N/O=not observed; N/A=not applicable; (COS)=corrected on-site during inspection; (R)=repeat violation; (P) = Priority Violation; (Pf) = Priority Foundation Violation; (Core) = Core Violation.

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Demonstration of Knowledge	Y	N	N/O	N/A
1. Certification by accredited program, compliance with Code, or correct responses.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employee Health	Y	N	N/O	N/A
2. Management awareness; policy present.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Proper use of reporting, restriction and exclusion.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Good Hygienic Practices	Y	N	N/O	N/A
4. Proper eating, tasting, drinking, or tobacco use.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. No discharge from eyes, nose and mouth.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preventing Contamination by Hands	Y	N	N/O	N/A

- 6. Hands clean and properly washed.
- 7. No bare hand contact with RTE foods or approved alternative method properly followed.
- 8. Adequate handwashing facilities supplied and accessible.

Approved Source

- | Y | N | N/O | N/A |
|----------------------------------|-----------------------|----------------------------------|----------------------------------|
| <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> |
- 9. Food obtained from approved sources.
 - 10. Food received at proper temperature
 - 11. Food in good condition, safe and unadulterated.
 - 12. Required records available: shellstock tags, parasite destruction.

Protection from Contamination

- | Y | N | N/O | N/A |
|----------------------------------|-----------------------|-----------------------|-----------------------|
| <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
- 13. Food separated and protected.
 - 14. Food-contact surfaces: cleaned and sanitized.
 - 15. Proper disposition of returned, previously served, reconditioned and unsafe food.

Potentially Hazardous Food Time/Temperature

- | Y | N | N/O | N/A |
|----------------------------------|----------------------------------|-----------------------|-----------------------|
| <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |
- 16. Proper cooking time and temperatures.
 - 17. Proper reheating procedures for hot holding.
 - 18. Proper cooling time and temperatures.
 - 19. Proper hot holding temperatures.
 - 20. Proper cold holding temperatures.

81-2,272.01 Improper cooling of the Parmesan Dressing for nuggets. Sauce and the container that they use to toss the product was removed. - (COS) - (P)

- 21. Proper date marking and disposition.
- 22. Time as a public health control: Procedures and record.

Consumer Advisory

- | Y | N | N/O | N/A |
|----------------------------------|-----------------------|-----------------------|-----------------------|
| <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
- 23. Consumer advisory provided for raw or undercooked foods.

Highly Susceptible Populations

- | Y | N | N/O | N/A |
|-----------------------|-----------------------|-----------------------|----------------------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> |
- 24. Pasteurized foods used; prohibited foods not offered.

Chemical

- | Y | N | N/O | N/A |
|----------------------------------|-----------------------|-----------------------|-----------------------|
| <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
- 25. Food additives: approved and properly used.
 - 26. Toxic substances properly identified, stored and used.

Conformance with Approved Procedures

- | Y | N | N/O | N/A |
|-----------------------|-----------------------|-----------------------|----------------------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> |
- 27. Compliance with variance, specialized process and HACCP plan.

GOOD RETAIL PRACTICES

Safe Food and Water

- | Y | N | N/O | N/A |
|----------------------------------|-----------------------|-----------------------|----------------------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> |
| <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
- 28. Pasteurized eggs used where required.
 - 29. Water and ice from approved source.
 - 30. Variance obtained for specialized processing methods.

Food Temperature Control

- | Y | N | N/O | N/A |
|----------------------------------|-----------------------|-----------------------|-----------------------|
| <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
- 31. Proper cooling methods used; adequate equipment for temperature control.
 - 32. Plant food properly cooked for hot holding.
 - 33. Approved thawing methods used.

34. Thermometers provided and accurate.

Food Identification

Y	N	N/O	N/A
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35. Food Properly labeled; original container.

Prevention of Food Contamination

Y	N	N/O	N/A
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36. Insects, rodents and animals not present.

6-202.15 The outer door to the west needs to be tight fitting and properly sealed so that you do not have additional unwanted guests in the location. - (Core)

37. Contamination prevented during food preparation, storage and display.

38. Personal cleanliness; hair restraints.

39. Wiping cloths: properly used and stored.

40. Washing fruits and vegetables.

Proper Use of Utensils

Y	N	N/O	N/A
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41. In-Use utensils: properly stored.

42. Utensils, equipment and linens: properly stored, dried and handled.

43. Single-use and single-service articles: properly used.

44. Gloves used properly.

Utensils, Equipment and Vending

Y	N	N/O	N/A
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45. Food and non-food contact surfaces cleanable, properly designed, constructed, and used.

4-501.11 The gaskets for the reach in freezer need to be replaced so that it will properly seal.

Comment: The area around the fryer on the floor was very slick which leads me to believe that maybe the fryer could possibly be leaking. - (Core)

46. Warewashing facilities: installed, maintained, and used; test strips.

47. Non-food contact surfaces clean.

Physical Facilities

Y	N	N/O	N/A
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48. Hot and cold water available; adequate pressure.

49. Plumbing installed; proper backflow devices.

50. Sewage and waste water properly disposed.

51. Toilet facilities: properly constructed, supplied and cleaned.

5-501.17 The women's restroom needs to have a covered trash can. - (Core)

52. Garbage and refuse properly disposed; facilities maintained.

53. Physical facilities installed, maintained and clean.

54. Adequate ventilation and lighting; designated areas used.

6-501.14 One of the vents above the fryers needs to be replaced as it is missing the grate. This could also be causing the slick floor on the left side of the fryers. - (Core)

Other

Y	N	N/O	N/A
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55. Other violations.

Off Sale?

ADDITIONAL COMMENTS

Person in Charge Signature

Printed Name:



Inspector Info	
<input type="text" value="Amy Prior"/>	
<input type="text" value="(402) 314-9222"/>	
<input type="text" value="amy.prior@nebraska.gov"/>	

	Corrected On Site		Repeat Violations	
Priority Item	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Priority Foundation Item	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Core Item	<input type="text" value="4"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Total Violations	<input type="text" value="5"/>	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="0"/>