

# Retail Food Establishment Inspection Report

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

|                          |                          |                          |                                    |           |               |                           |
|--------------------------|--------------------------|--------------------------|------------------------------------|-----------|---------------|---------------------------|
| Date:<br><b>4/2/2025</b> | Time in:<br><b>10:10</b> | Time out:<br><b>3:00</b> | License/Permit #<br><b>FS-8934</b> | Est. Type | Risk Category | Page <u>1</u> of <u>2</u> |
|--------------------------|--------------------------|--------------------------|------------------------------------|-----------|---------------|---------------------------|

|  |  |  |   |                            |   |   |                    |
|--|--|--|---|----------------------------|---|---|--------------------|
| <b>Purpose of Inspection:</b> <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 |  |  |   |                            |   |   | <b>TOTAL/SCORE</b> |
| Establishment Name:<br><b>Costco Wholesale 1049 Meat</b>   |  |  | Contact/Owner Name:                       |                            | * Number of Repeat Violations: _____<br>✓ Number of Violations COS: _____ |   | <b>0/100/A</b>     |
| Physical Address:<br><b>1225 Hwy 276 Rockwall, TX</b>  |  |  | Pest control :<br><b>see grocery insp</b> | Hood<br><b>see grocery</b> | Grease trap :<br><b>see grocery insp</b>                                  | Follow-up: Yes <input type="checkbox"/><br>No <input checked="" 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 |
| <b>Time and Temperature for Food Safety</b><br>(F = degrees Fahrenheit)                       |    |    |    |     |   | <b>Employee Health</b>                   |    |    |    |     |   |
|   | ✓  |    |    |     |   |  | ✓  |    |    |     |   |
|   | ✓  |    |    |     |   |  | ✓  |    |    |     |   |
|   |    |    | ✓  |     |   | <b>Preventing Contamination by Hands</b> |    |    |    |     |   |
|   |    |    | ✓  |     |   |  | ✓  |    |    |     |   |
|   |    |    | ✓  |     |   |  | ✓  |    |    |     |   |
|   | ✓  |    |    |     |   | <b>Highly Susceptible Populations</b>    |    |    |    |     |   |
| <b>Approved Source</b>  |    |    |    |     |   |  | ✓  |    |    |     |   |
|   | ✓  |    |    |     |   | <b>Chemicals</b>                         |    |    |    |     |   |
|   | ✓  |    |    |     |   |  | ✓  |    |    |     |   |
| <b>Protection from Contamination</b>  |    |    |    |     |   |  | ✓  |    |    |     |   |
|   | ✓  |    |    |     |   | <b>Water/ Plumbing</b>                   |    |    |    |     |   |
| W   |    |    |    |     |   |  | ✓  |    |    |     |   |
|   | ✓  |    |    |     |   |  | ✓  |    |    |     |   |

| 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 |
| <b>Demonstration of Knowledge/ Personnel</b>   |    |    |    |     |   | <b>Food Temperature Control/ Identification</b>       |    |    |    |     |   |
|  | ✓  |    |    |     |   |   | ✓  |    |    |     |   |
|  | ✓  |    |    |     |   |   | ✓  |    |    |     |   |
| <b>Safe Water, Recordkeeping and Food Package Labeling</b>                               |    |    |    |     |   | <b>Permit Requirement, Prerequisite for Operation</b> |    |    |    |     |   |
|  | ✓  |    |    |     |   |   | ✓  |    |    |     |   |
|  | ✓  |    |    |     |   | <b>Utensils, Equipment, and Vending</b>               |    |    |    |     |   |
|  | ✓  |    |    |     |   |   | ✓  |    |    |     |   |
| <b>Conformance with Approved Procedures</b>  |    |    |    |     |   |   | ✓  |    |    |     |   |
|  | ✓  |    |    |     |   |   | ✓  |    |    |     |   |
| <b>Consumer Advisory</b>   |    |    |    |     |   |   | ✓  |    |    |     |   |
|  | ✓  |    |    |     |   |   | ✓  |    |    |     |   |

| 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 |
| <b>Prevention of Food Contamination</b>   |    |    |    |     |   | <b>Food Identification</b> |    |    |    |     |   |
|   | ✓  |    |    |     |   |                            | ✓  |    |    |     |   |
|   | ✓  |    |    |     |   | <b>Physical Facilities</b> |    |    |    |     |   |
|   | ✓  |    |    |     |   |                            | ✓  |    |    |     |   |
|   | ✓  |    |    |     |   |                            | ✓  |    |    |     |   |
|   | ✓  |    |    |     |   |                            | ✓  |    |    |     |   |
| <b>Proper Use of Utensils</b>   |    |    |    |     |   | W                          |    |    |    |     |   |
|   | ✓  |    |    |     |   |                            | ✓  |    |    |     |   |
|   | ✓  |    |    |     |   |                            | ✓  |    |    |     |   |

