## **Retail Food Establishment Inspection Report**

First aid kit
Allergy policy
Vomit clean up
Employee health

Date: 4/2/2025						Time out: 3:00		License/P		6					Est. Type	Risk Category	Page 1	of <u>2</u>		
Purpose of Inspection: V 1-Routine 2-Follow Up 3-Compla Establishment Name: Contact/Owner 1							4-]	Inve	stiga	ation	ı	5-CO/Construction  * Number of Repeat Violation	6-Other	TOTAL/SO	CORE					
C	Costco Wholesale 1049 (Bakery)														✓ Number of Violations Co	0/100	<b>Λ/Λ</b>			
	ysic 25				Rockwall, TX		est contro	l: ery insp		Hoo see		erv			e trap : 1	Follow-up: Yes No	0/100	JIA		
		Com	plia	nce S	tatus: Out = not in con	mpliance IN = in	compliance	ce N	<b>O</b> = not o	bserv	ved	N/	<b>1</b> = n	ot ap	plicable <b>COS</b> = corrected on s	ite R = repeat vio	lation W- W	Vatch		
Ma	ırk t	he ap	prop	riate	points in the <b>OUT</b> box for	each numbered is	item	Mark '					_		ox for IN, NO, NA, COS Markive Action not to exceed 3 day	k an 💢 in appropriat	e box for R			
Co	mpli	iance N	Sta N	tus C					R	_	ompli							R		
U	N	O	A	o s		perature for Fe egrees Fahrenhe		ty	K	U		0	A	o s	Emplo	oyee Health		K		
	~				1. Proper cooling time a	and temperature					~			~	12. Management, food employ knowledge, responsibilities, an		employees;			
					2 Proper Cold Holding	t(41)	OE/ 450E)									ad reporting ad exclusion; No discharge from				
	~				2. Proper Cold Holding temperature(41°F/ 45°F)						~				eyes, nose, and mouth	ia exclusion, No dis	lischarge from			
	~				3. Proper Hot Holding t	emperature(135	5°F)								Preventing Contamination by Hands					
	·				4. Proper cooking time	and temperature	2		+						14. Hands cleaned and properly washed/ Gloves used properly					
					5. Proper reheating proc	cedure for hot ho	olding (16	55°F in 2	1						Gloves used property washed Groves used property gloves used property gloves used property gloves. No bare hand contact with ready to eat foods or approved					
	~				Hours)						~				alternate method properly follo	owed (APPROVED	Y. N. )	1		
	6. Time as a Public Health Control; procedures & records									Highly Susce	ptible Populations									
					Am	nroyad Sauraa					16. Pasteurized foods used; prohibited food not Pasteurized eggs used when required						fered	$\top$		
						proved Source									liquid pasteurized	eggs only				
	/				7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite										Chemicals					
					destruction										0					
	/				8. Food Received at pro	per temperature	e				/				<ul><li>17. Food additives; approved a</li><li>&amp; Vegetables</li></ul>	and properly stored;	Washing Frui	ts		
															18. Toxic substances properly	identified, stored an	d used			
					Protection from Contamination  9. Food Separated & protected, prevented during food						~									
	~					1004							Water/ Plumbing							
W					10. Food contact surface Sanitized at _150_			ned and							19. Water from approved source backflow device	ce; Plumbing install	ed; proper			
VV					11. Proper disposition o									1	20. Approved Sewage/Wastew	otan Diamanal Canta				
	~				reconditioned	or returned, previ	lously ser	ved or			~				disposal	ater Disposai Syste	m, proper			
					Pri	ority Founda	ation Ite	ems (2 Po	ints) vi	iolati	ions	Req	uire	Cor	rective Action within 10 days					
O U	I N	N O	N A	C	Demonstration				R	O U		N O	N A	C 0	Food Temperature	e Control/ Identific	ation	R		
Т				S	21. Person in charge pro					Т				S	27. Proper cooling method use	d: Fauinment Ade	quate to			
	~				and perform duties/ Cer 21		-				~				Maintain Product Temperature		quate to			
	~				22. Food Handler/ no ur 300	nauthorized pers	sons/ pers	onnel			~				28. Proper Date Marking and d	lisposition				
					Safe Water, Recor		Food Pac	kage			~				29. Thermometers provided, ac Thermal test strips	ccurate, and calibrat	ed; Chemical/	,		
Labeling				ouro cofo							digital									
	~				23. Hot and Cold Water available; adequate pressure, safe										Permit Requirement, Prerequisite for Operation  30. Food Establishment Permit (Current/insp report sign posted)					
	~	24. Required records available (shellstock tags; parasite destruction); Packaged Food labeled				~					nit (Current/insp re	port sign post	.ed)							
					Conformance v	vith Approved	Procedur	es							12/31/2025 Utensils, Equip	oment, and Vendin	g			
					25. Compliance with Va HACCP plan; Variance			ess, and							31. Adequate handwashing fac supplied, used	ilities: Accessible a	nd properly			
	•				processing methods; ma						~				T. T					
					Cons	sumer Advisory	y				/				32. Food and Non-food Contact designed, constructed, and use		e, properly			
					26. Posting of Consume	A dada ani aa an	4.								33. Warewashing Facilities; in		4/			
	~				foods (Disclosure/Remi					W					Service sink or curb cleaning f		useu/			
					Core Items (1 Poin	nt) Violations	Require	Corrective	Action	Not	to E	xcee	ed 90	) Da	ys or Next Inspection , Which	never Comes First				
O U	I N	N O	N A	C O	`	of Food Contan	•		R	O U	-	N O	N A	C O	•	dentification		R		
Т	<b>V</b>			S	34. No Evidence of Inse			other/		Т	~			S	41.Original container labeling					
-					animals 35. Personal Cleanlines	s/eating, drinkin	ng or toba	cco use	+							ol Faciliti				
	•				36. Wiping Cloths; prop	<u> </u>			+						42. Non-Food Contact surfaces	s clean				
-	~				37. Environmental cont	· •			$\square$		~				43. Adequate ventilation and li		areas usad			
	~										~				•	C C C		$\perp$		
	~				38. Approved thawing r	netnod					~				44. Garbage and Refuse proper					
						er Use of Utensi					~				45. Physical facilities installed	, , , , , , , , , , , , , , , , , , ,				
	<				39. Utensils, equipment dried, & handled/ In us			, stored,			~				46. Toilet Facilities; properly of	constructed, supplied	d, and clean			
	~				40. Single-service & sin and used	ngle-use articles	; properly	stored			~				47. Other Violations					
1									1 1	1	1									

## **Retail Food Establishment Inspection Report**

Received by: (signature) Nick Locice Po	Print: Nick Locicero	Title: Person In Charge/ Owner Manager
Inspected by: Christy Cortez, RS (signature)	Print: Christy Cortez, RS	Business Email:

Form EH-06 (Revised 09-2015)

	hysical Address		City/State:	all TV	License/Permit #	Page <u>2</u> of <u>2</u>										
Costco Wholesale 1049 (Bakery)	1225 Hw	<del></del>	Rockwa	all, IX	FS-8936											
Item/Location Te		TEMPERATURE OBSER //Location	Temp F	Item/Locat	ion	Temp F										
	31		-													
WIF	3															
wall cake case	36															
cake coffin case	30															
	35															
broad domin dado																
	OBSER	VATIONS AND CORREC	CTIVE ACTIO	NS												
Item AN INSPECTION OF YOUR ESTAE Number NOTED BELOW:	AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND NOTED BELOW:															
Front hand sink 103+	Front hand sink 103+F															
	Removable washable fan guards/washed twice weekly															
Fans used to cool bak	··· · · · · · ·															
Liquid pasteurized eggs only used for baking																
3 comp sink 118F																
Walk in dishwasher sanitizing per temp strips  Test strips current/2026																
									Sani sink setup to 150ppm Sani buckets at 150ppm Need to call Ecolab and check on dispenser at 3 comp sink							
Buckets and sani sink to last 2 hours with required ppm/changed every 2 hours																
Hand sink by WIC 104	IF equipp	oed														
TCS cakes are 4 to 5	days to d	liscard/dated, cold	d held at 4	1F or be	low											
Frozen cakes dated 2	weeks to	o discard														
Shelf stable baked go	ods date	d for discard 2 to	4 days													
Allergens listed on ea	ch item p	ackaged for sale														
Ingredients listed																
Received by:	Title: Person In Charg	ge/ Owner														
Inspected by:  (signature)  Christy Corte		Nick L	ocice	ro l												
					Manage											