Additional followups \$50.00 fee

Retail Food Establishment Inspection Report City of Rockwall

✓ First aid kit
Allergy policy/training
Vomit clean up Employee health
Employee health

04/	02/	/20	25	Time in: 12:49	Time out: 1:23	Fs 9	Permit # 503						Food handlers Food managers 26 Page 1 of 2	2_
Purp Estab				tion: 1-Routine	2-Follow U	7 3-Comple Contact/Owner		4-]	Inves	tiga	tion		5-CO/Construction 6-Other TOTAL/SCOI * Number of Repeat Violations:	RE
				icro mart canteen		Canteen	Name:						✓ Number of Violations COS:	΄Λ
Phys St Hw		Addre	ess:		Sto			Hoo Na	od		Gr Na	ease	e trap/ waste oil Follow-up: Yes U/ 100/	$\overline{}$
Mark				tatus: Out = not in cor points in the OUT box for	npliance IN = in	compliance Mark	NO = not						plicable COS = corrected on site R = repeat violation W-Watco	:h
								re Im	ımedi	iate (Corr	ecti	ive Action not to exceed 3 days	
O I	mpliance Status I N N C Time and Temperature for Food Safety N O A O Time and Temperature for Food Safety			R	O U			N	C O	Employee Health				
T	N O A O S (F = degrees Fahrenheit) 1. Proper cooling time and temperature				T	14	0		s	Employee Health 12. Management, food employees and conditional employees;				
V						~				knowledge, responsibilities, and reporting				
V	2. Proper Cold Holding temperature(41°F/45°F)					13. Proper use of restriction and exclusion; No dischaeyes, nose, and mouth				13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth				
Ť	3. Proper Hot Holding temperature(135°F)									Proposition Contomination by Hands				
	4. Proper cooking time and temperature				Preventing Contamination by Hands 14. Hands cleaned and properly washed/ Gloves used					14. Hands cleaned and properly washed/ Gloves used properly				
	5. Proper reheating procedure for hot holding (165°F in 2					~				15. No bare hand contact with ready to eat foods or approved	-			
		'		Hours)									alternate method properly followed (APPROVED Y. N.)	
		/		6. Time as a Public Heal	lth Control; prod	cedures & records							Highly Susceptible Populations	
	Approved Source							/		Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required				
				7. Food and ice obtained	l from approved	l source; Food in								
V	good condition, safe, and unadulterated; parasite destruction		; parasite							Chemicals				
				8. Food Received at pro	per temperature						_		17. Food additives; approved and properly stored; Washing Fruits	
_				At receiving wh	nen filled					•			& Vegetables	
					from Contami				'				18. Toxic substances properly identified, stored and used	
V				9. Food Separated & propreparation, storage, dis									Water/ Plumbing	
				10. Food contact surface									19. Water from approved source; Plumbing installed; proper	
-				Sanitized at 300 p		Demo			~			- 1	backflow device	
V				11. Proper disposition of reconditioned Disca	returned, previ arded	lously served or			~				20. Approved Sewage/Wastewater Disposal System, proper disposal	
													rective Action within 10 days	
O I U N T	N O	N A	C O S	Demonstration	of Knowledge/	Personnel	R	O U T	I N		A	C O S	Food Temperature Control/ Identification	R
-				21. Person in charge pre			,	•					27. Proper cooling method used; Equipment Adequate to	
				and perform duties/ Cert	tified Food Man								Maintain Product Temperature	
•				and perform duties/ Cert 26 22. Food Handler/ no un									28. Proper Date Marking and disposition	-
•				22. Food Handler/ no un 300	authorized pers	ons/ personnel				-	/		28. Proper Date Marking and disposition Prepackaged onlyb 29. Thermometers provided, accurate, and calibrated: Chemical/	
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Retail Food Establishment Inspection Report

City of Rockwall

Received by: Gavin jones	Print:	Title: Person In Charge/ Owner
Inspected by: Kelly kirkpatrivknRS	Print:	Business Email:

Form EH-06 (Revised 09-2015)

Establishment Name: Costco 1049 micro mart	Physical A	:276	F	City/State: Rockwall	License/Permit # Page 9503		
		TEMPERATUR	RE OBSERVAT				
Item/Location	Temp F	Item/Location		Temp F Iter	m/Location	Temp I	
Sandwich rte	31.9						
Pov sooler							
Bev cooler	32						
Bev cooler 2	33						
	OF	SERVATIONS AND	CORRECTIV	E ACTIONS			
Item AN INSPECTION OF YOUR ES Number NOTED BELOW: ALL TEMPS	TABLISHME				TO THE CONDITIONS OBSE	RVED AND	
	IAKEN III F						
Permit posted							
Allergy poster posted							
Contact 25hrs posted							
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(signature) See above Inspected by: (signature) Kellly Kirkp	ve						
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