

Additional followups  
\$50.00 fee

# Retail Food Establishment Inspection Report

## City of Rockwall

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

Date: <b>04/02/2025</b>	Time in: <b>12:49</b>	Time out: <b>1:23</b>	License/Permit # <b>Fs 9503</b>	Food handlers <b>300</b>	Food managers <b>26</b>	Page <u>1</u> of <u>2</u>
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<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 <input type="checkbox"/> <b>TOTAL/SCORE</b>						
Establishment Name: <b>Costco 1049 micro mart canteen</b>			Contact/Owner Name: <b>Canteen</b>		* Number of Repeat Violations: ____ ✓ Number of Violations COS: ____	
Physical Address: <b>St Hwy 26</b>			Pest control : Store		Hood Na	
			Grease trap/ waste oil Na		Follow-up: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

0/100/A

**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 ✓ in appropriate box for IN, NO, NA, COS Mark an ✓ 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> (F = degrees Fahrenheit)						<b>Employee Health</b>					
	<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>				
	<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>				
			<input checked="" type="checkbox"/>			<b>Preventing Contamination by Hands</b>					
			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				
			<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>		
			<input checked="" type="checkbox"/>			<b>Highly Susceptible Populations</b>					
									<input checked="" type="checkbox"/>		
	<input checked="" type="checkbox"/>					<b>Chemicals</b>					
	<input checked="" type="checkbox"/>								<input checked="" type="checkbox"/>		
						<b>Water/ Plumbing</b>					
	<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>				
	<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>				

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>					
	<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>				
	<input checked="" type="checkbox"/>								<input checked="" type="checkbox"/>		
<b>Safe Water, Recordkeeping and Food Package Labeling</b>						<b>Permit Requirement, Prerequisite for Operation</b>					
	<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>				
	<input checked="" type="checkbox"/>					<b>Utensils, Equipment, and Vending</b>					
	<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>				
<b>Consumer Advisory</b>						<b>Food Identification</b>					
	<input checked="" type="checkbox"/>								<input checked="" type="checkbox"/>		

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>					
	<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>				
	<input checked="" type="checkbox"/>					<b>Physical Facilities</b>					
	<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>				
			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				
	<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>				
<b>Proper Use of Utensils</b>						<b>Physical Facilities</b>					
	<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>				
	<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>				
	<input checked="" type="checkbox"/>								<input checked="" type="checkbox"/>		

