Follow-up fee of \$50.00 is required after 1st Followup

Retail Food Establishment Inspection Report City of Rockwall

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

Date: 03/07/202	22	Time in: 10:32	Time out: 3:45		FS 89							Food Managers Food Handlers 290 Page 1 of	
		ion: 1-Routine	2-Follow U		3-Complain		4-I	Inves	tiga	tion		5-CO/Construction 6-Other TOTAL/SCO)RE
Establishment N Costco 1049				Costo	ct/Owner N CO	ame:						* Number of Repeat Violations: Vumber of Violations COS:	/ A
Physical Addres	ss:			est contro			Hoo 02/14			Gr	ease	e trap : Follow-up: Yes 0/100	/ A
Complian	ce St	tatus: Out = not in co	mpliance IN = in	complianc	ce NO	= not o	bserv	ved		= nc	t app	plicable COS = corrected on site R = repeat violation W-Wat	tch
Mark the appropr	iate p	points in the OUT box for										D, NA, COS Mark an √in appropriate box for R ive Action not to exceed 3 days	
Compliance State	us C					R	_	ompli	nce			The factor of th	R
U N O A	o s		nperature for Fo egrees Fahrenhe		ty	K	U	N	O	A	o s	Employee Health	K
		1. Proper cooling time a	and temperature									12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting	
		2. Proper Cold Holding	temperature(//1	°E/ /5°E)								13. Proper use of restriction and exclusion; No discharge from	_
		See	, temperature(+1	17 43 1)				~				eyes, nose, and mouth Placed at hand sinks	
		3. Proper Hot Holding t	temperature(135	°F)								Preventing Contamination by Hands	
		4. Proper cooking time	and temperature)				1		T	1	14. Hands cleaned and properly washed/ Gloves used properly	
		5. Proper reheating prod	cedure for hot ho	olding (16	55°F in 2							Gloves if needed 15. No bare hand contact with ready to eat foods or approved	+
		Hours)										alternate method properly followed (APPROVED $\stackrel{.}{Y}$ $\stackrel{.}{N}$)	
		6. Time as a Public Hea	alth Control; pro	cedures &	& records							Highly Susceptible Populations	
		Ap	proved Source									16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required	
		7. Food and ice obtaine		1 source: I	Food in			Ш					
		good condition, safe, ar	nd unadulterated									Chemicals	
		destruction Comme 8. Food Received at pro		`								17. Food additives; approved and properly stored; Washing Fruits	
		At receiving	oper temperature							/		& Vegetables	
		Protection	ı from Contami	ination				/				18. Toxic substances properly identified, stored and used	+
		9. Food Separated & pr			food							Store low	
		preparation, storage, dis										Water/ Plumbing	
		10. Food contact surfac Sanitized at <u>200</u>	es and Returnab ppm/temperatur	oles ; Clear Te Del	ned and			~				19. Water from approved source; Plumbing installed; proper backflow device	
		11. Proper disposition or reconditioned										20. Approved Sewage/Wastewater Disposal System, proper	
												disposal	
		p:		4° a.a. T4 a	(2 Dai	4	7 (C	disposal	\perp
O I N N	C					nts) vi	О	I	N	N	C	rective Action within 10 days	R
U N O A	o s	Demonstration 21. Person in charge pro	n of Knowledge/	/ Personn	nel nowledge,				N	N A		rective Action within 10 days Food Temperature Control/ Identification	R
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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 kirkpatrick RS	Print:	Business Email:

Form EH-06 (Revised 09-2015)

Costo 1049 Grocety 1225 SH 276 Record author 1000 SH FS 8937 Temperature Temperature Observations Temperature Observations Temperature Observations Temperature Observations POS WIC 35/37 Record author observation 39/41 Pos freezer 1 -6.7 Produce wic 40 POS freezer 2 -8.3 Leafy greens 40/41 D 5 open case 1 34-40 Dairy wic 33/34 Creme brûlée 39 D5 open case 2 35/40 D5 open case 3 35/41 pickle dip 38 D5 open case 3 35/41 pickle dip 38 Nombre AN ENSPECTION OF YOUR ENSURISHMENT INSTRUMENT AUTHOR STORM TO THE CONDITIONS OBSERVATIONS AND CORRECTIVE ACTIONS Nombre AN ENSPECTION OF YOUR ENSURISHMENT INSTRUMENT AND CORRECTIVE ACTIONS Nombre AN ENSPECTION OF YOUR ENSURISHMENT INSTRUMENT AND CORRECTIVE ACTIONS Nombre AN ENSPECTION OF YOUR ENSURISHMENT INSTRUMENT AND CORRECTIVE ACTIONS Nombre AN ENSPECTION OF YOUR ENSURISHMENT INSTRUMENT AND CORRECTIVE ACTIONS Nombre AN ENSPECTION OF YOUR ENSURISHMENT INSTRUMENT AUTHOR TO THE CONDITIONS OBSERVED AND ENTRY AND CORRECTIVE ACTIONS Nombre AN ENSPECTION OF YOUR ENSURISHMENT INSTRUMENT AUTHOR TO THE CONDITIONS OBSERVED AND ENTRY AND CORRECTIVE ACTIONS Nombre AN ENSPECTION OF YOUR ENSURISHMENT INSTRUMENT AUTHOR TO THE CONDITIONS OBSERVED AND ENTRY AND ENTRY AUTHOR TO THE CONDITIONS OBSERVED AND ENTRY AUTHOR TO THE	Establishment Name:	Physical A		City/State:	l	License/Permit #	Page <u>2</u> of <u>2</u>
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