

Food Establishment Inspection Report

Score: 97

Establishment Name: COSTCO #361 DELI/MEAT

Establishment ID: 3034020526

Date: 05 / 09 / 2013 Status Code: A

Time In: 01 : 30 ^{am} _{pm} Time Out: 4 : 15 ^{am} _{pm}

Total Time: 2 hrs 45 minutes

Category #: III

Establishment Type: _____

Instructions:

1. Fill in the information below for the Food Establishment:

Location Address: 1085 HANES MALL BLVD

City: WINSTON SALEM

State: NC Zip: 27103

County: 34 Forsyth

Permittee: COST CO WHOLESALE

Telephone: _____

Inspection
 Re-Inspection

Wastewater System:
 Municipal/Community
 On-Site System

Water Supply:
 Municipal/Community
 On-Site System

2. Click/fill the appropriate circle For "IN, OUT, N/A, N/O".
 IN= In Compliance, OUT= Not in compliance
 N/O=Not Observed, N/A= Not Applicable

3. Click/check the appropriate Boxes for CDI and/or R, VR.
 CDI= Corrected During Inspection
 R= Repeat Violation
 VR= Verification Required

4. Continue to page 2 for "Good Retail Practices".

Foodborne Illness Risk Factors and Public Health Interventions							
Risk factors: Contributing factors that increase the chance of developing foodborne illness. Public Health Interventions: Control measures to prevent foodborne illness or injury.							
Compliance Status				OUT	CDI	R	VR
Supervision .2652							
1	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	PIC Present: Demonstration-Certification by accredited program and perform duties	<input type="radio"/> 2	<input type="radio"/> 0	<input type="radio"/> <input type="radio"/> <input type="radio"/>
Employee Health .2652							
2	<input checked="" type="radio"/> IN	<input type="radio"/> OUT		Management, employees knowledge; responsibilities & reporting	<input type="radio"/> 3	<input type="radio"/> 1.5	<input type="radio"/> 0 <input type="radio"/> <input type="radio"/> <input type="radio"/>
3	<input checked="" type="radio"/> IN	<input type="radio"/> OUT		Proper use of reporting, restriction & exclusion	<input type="radio"/> 3	<input type="radio"/> 1.5	<input type="radio"/> 0 <input type="radio"/> <input type="radio"/> <input type="radio"/>
Good Hygienic Practices .2652, .2653							
4	<input checked="" type="radio"/> IN	<input type="radio"/> OUT		Proper eating, tasting, drinking, or tobacco use	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0 <input type="radio"/> <input type="radio"/> <input type="radio"/>
5	<input checked="" type="radio"/> IN	<input type="radio"/> OUT		No discharge from eyes, nose, and mouth	<input type="radio"/> 1	<input type="radio"/> 0.5	<input type="radio"/> 0 <input type="radio"/> <input type="radio"/> <input type="radio"/>
Preventing Contamination by Hands .2652, .2653, .2655, .2656							
6	<input checked="" type="radio"/> IN	<input type="radio"/> OUT		Hands clean & properly washed	<input type="radio"/> 4	<input type="radio"/> 2	<input type="radio"/> 0 <input type="radio"/> <input type="radio"/> <input type="radio"/>
7	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/O	No bare hand contact with RTE foods or pre-approved alternate procedure properly allowed	<input type="radio"/> 3	<input type="radio"/> 1.5	<input type="radio"/> 0 <input type="radio"/> <input type="radio"/> <input type="radio"/>
8	<input checked="" type="radio"/> IN	<input type="radio"/> OUT		Handwashing sinks supplied & accessible	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0 <input type="radio"/> <input type="radio"/> <input type="radio"/>
Approved Source .2653, .2655							
9	<input checked="" type="radio"/> IN	<input type="radio"/> OUT		Food obtained from approved source	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0 <input type="radio"/> <input type="radio"/> <input type="radio"/>
10	<input type="radio"/> IN	<input type="radio"/> OUT	<input checked="" type="radio"/> N/O	Food received at proper temperature	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0 <input type="radio"/> <input type="radio"/> <input type="radio"/>
11	<input checked="" type="radio"/> IN	<input type="radio"/> OUT		Food in good condition, safe & unadulterated	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0 <input type="radio"/> <input type="radio"/> <input type="radio"/>
12	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	Required records available: shellstock tags, parasite destruction	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0 <input type="radio"/> <input type="radio"/> <input type="radio"/>
Protection from Contamination .2653, .2654							
13	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	Food separated & protected	<input type="radio"/> 3	<input type="radio"/> 1.5	<input type="radio"/> 0 <input type="radio"/> <input type="radio"/> <input type="radio"/>
14	<input type="radio"/> IN	<input checked="" type="radio"/> OUT		Food-contact surfaces: cleaned & sanitized	<input type="radio"/> 3	<input checked="" type="radio"/> 1.5	<input type="radio"/> 0 <input type="radio"/> <input type="radio"/> <input type="radio"/>
15	<input checked="" type="radio"/> IN	<input type="radio"/> OUT		Proper disposition of returned, previously served, reconditioned, & unsafe food	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0 <input type="radio"/> <input type="radio"/> <input type="radio"/>
Potentially Hazardous Food Time/Temperature .2653							
16	<input type="radio"/> IN	<input type="radio"/> OUT	<input checked="" type="radio"/> N/A	Proper cooking time & temperatures	<input type="radio"/> 3	<input type="radio"/> 1.5	<input type="radio"/> 0 <input type="radio"/> <input type="radio"/> <input type="radio"/>
17	<input type="radio"/> IN	<input type="radio"/> OUT	<input checked="" type="radio"/> N/A	Proper reheating procedures for hot holding	<input type="radio"/> 3	<input type="radio"/> 1.5	<input type="radio"/> 0 <input type="radio"/> <input type="radio"/> <input type="radio"/>
18	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	Proper cooling time & temperatures	<input type="radio"/> 3	<input type="radio"/> 1.5	<input type="radio"/> 0 <input type="radio"/> <input type="radio"/> <input type="radio"/>
19	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	Proper hot holding temperatures	<input type="radio"/> 3	<input type="radio"/> 1.5	<input type="radio"/> 0 <input type="radio"/> <input type="radio"/> <input type="radio"/>
20	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	Proper cold holding temperatures	<input type="radio"/> 3	<input type="radio"/> 1.5	<input type="radio"/> 0 <input type="radio"/> <input type="radio"/> <input type="radio"/>
21	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	Proper date marking & disposition	<input type="radio"/> 3	<input type="radio"/> 1.5	<input type="radio"/> 0 <input type="radio"/> <input type="radio"/> <input type="radio"/>
22	<input type="radio"/> IN	<input type="radio"/> OUT	<input checked="" type="radio"/> N/A	Time as a public health control: procedures & records	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0 <input type="radio"/> <input type="radio"/> <input type="radio"/>
Consumer Advisory .2653							
23	<input type="radio"/> IN	<input type="radio"/> OUT	<input checked="" type="radio"/> N/A	Consumer advisory provided for raw or undercooked foods	<input type="radio"/> 1	<input type="radio"/> 0.5	<input type="radio"/> 0 <input type="radio"/> <input type="radio"/> <input type="radio"/>
Highly Susceptible Populations .2653							
24	<input type="radio"/> IN	<input type="radio"/> OUT	<input checked="" type="radio"/> N/A	Pasteurized foods used; prohibited foods not offered	<input type="radio"/> 3	<input type="radio"/> 1.5	<input type="radio"/> 0 <input type="radio"/> <input type="radio"/> <input type="radio"/>
Chemical .2653, .2657							
25	<input type="radio"/> IN	<input type="radio"/> OUT	<input checked="" type="radio"/> N/A	Food additives: approved & properly used	<input type="radio"/> 1	<input type="radio"/> 0.5	<input type="radio"/> 0 <input type="radio"/> <input type="radio"/> <input type="radio"/>
26	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	Toxic substances properly identified stored, & used	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0 <input type="radio"/> <input type="radio"/> <input type="radio"/>
Conformance with Approved Procedures .2653, .2654, .2658							
27	<input type="radio"/> IN	<input type="radio"/> OUT	<input checked="" type="radio"/> N/A	Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0 <input type="radio"/> <input type="radio"/> <input type="radio"/>



Food Establishment Inspection Report, continued

Establishment Name: COSTCO #361 DELI/MEAT

Establishment ID: 3034020526

Instructions, continued:

5. Click the appropriate circle to fill-in for "IN, OUT, N/A, N/O".

IN= In Compliance, OUT= Not in compliance
N/O=Not Observed, N/A= Not Applicable

6. Click or check the appropriate boxes for CDI and/or R, VR

CDI= Corrected during Inspection
R= Repeat Violation
VR= Verification Required

Calculate the "Total Deductions" and record.

7. Sign and complete "Signature Block".

8. Fill in "No. Of Risk Factor Intervention Violations" and "No. of Repeat Risk Factor Intervention Violations".

9. Continue to page 3 for "Comment Addendum to Food Establishment Inspection Report".

Signature Block:

First Last
Tara Coltman

Person in Charge (Print)

Jana Coletta
Person in Charge (Signature)

First Last
Daniel / Carla Lemons / Day

Regulatory Authority (Print)

Daniel Lemons
Regulatory Authority (Signature)

Contact Number: () -

Verification Required Date: / /

REHS ID: 1799 - Lemons, Daniel

No. of Risk Factor/
Intervention
Violations: 1

No. of Repeat Risk
Factor/Intervention
Violations: _____

Good Retail Practices									
Preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.									
Compliance Status					OUT	CDI	R	VR	
Safe Food and Water .2653, .2655, .2658									
28	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Pasteurized eggs used where required	1	0.5	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Water and ice from approved source	2	1	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30	<input type="radio"/> IN	<input type="radio"/> OUT	<input checked="" type="radio"/> N/A	1	0.5	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food Temperature Control .2653, .2654									
31	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Proper cooling methods used; adequate equipment for temperature control	1	0.5	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	1	0.5	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33	<input type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	1	0.5	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Thermometers provided & accurate	1	0.5	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food Identification .2653									
35	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Food properly labeled: original container	2	1	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657									
36	<input type="radio"/> IN	<input checked="" type="radio"/> OUT	Insects & rodents not present; no unauthorized animals	2	1	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Contamination prevented during food preparation, storage & display	2	1	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Personal cleanliness	1	0.5	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39	<input type="radio"/> IN	<input checked="" type="radio"/> OUT	Wiping cloths: properly used & stored	1	0.5	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Washing fruits & vegetables	1	0.5	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Proper Use of Utensils .2653, .2654									
41	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	In-use utensils: properly stored	1	0.5	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
42	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Utensils, equipment & linens: properly stored, dried & handled	1	0.5	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
43	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Single-use & single-service articles: properly stored & used	1	0.5	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
44	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Gloves used properly	1	0.5	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Utensils and Equipment .2653, .2654, .2663									
45	<input type="radio"/> IN	<input checked="" type="radio"/> OUT	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used	2	1	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
46	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Warewashing facilities: installed, maintained, & used; test strips	1	0.5	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
47	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Non-food contact surfaces clean	1	0.5	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical Facilities .2654, .2655, .2656									
48	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Hot & cold water available; adequate pressure	2	1	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
49	<input type="radio"/> IN	<input checked="" type="radio"/> OUT	Plumbing installed; proper backflow devices	2	1	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
50	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Sewage & waste water properly disposed	2	1	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
51	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Toilet facilities: properly constructed, supplied & cleaned	1	0.5	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
52	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Garbage & refuse properly disposed; facilities maintained	1	0.5	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
53	<input type="radio"/> IN	<input checked="" type="radio"/> OUT	Physical facilities installed, maintained & clean	1	0.5	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
54	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Meets ventilation & lighting requirements; designated areas used	1	0.5	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Total Deductions:				3					

Comment Addendum to Food Establishment Inspection Report

Establishment Name: COSTCO #361 DELI/MEAT

Establishment ID: 3034020526

Date: 05/09/2013

Location Address: 1085 HANES MALL BLVD

Status Code: A

City: WINSTON SALEM State: NC

Category #: III

County: 34 Forsyth Zip: 27103

Email 1:

Wastewater System: Municipal/Community On-Site System

Water Supply: Municipal/Community On-Site System

Email 2:

Permittee: COST CO WHOLESALE

Email 3:

Telephone: _____

Temperature Observations

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
hot water	3 compartment sink	150	hamburger	display case	45			
wash water	3 compartment sink deli	94						
beef	walk in cooler	43						
wash water	3 compartment sink deli	133						
rottisserie	hot hold display case	172						
rottisserie	hot hold display case	176						
chicken	display case	43						
sausage	display case	41						

Observations and Corrective Actions

Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 of the food code.

- 14 Bin stacked on clean side of 3 compartment sink in the meat department had food residue. Wedger/citrus slicer in the deli department had food build up. Ensure that all equipment is properly cleaned and sanitized before storing.
- 36 Flies are present in the chicken rotisserie room. Pests should not be present in the facility.
6-501.111 Controlling Pests
- 39 Wiping cloth was found stored on lip of bucket. When not in use, wiping cloths must be stored in sanitizer solution of appropriate strength.
- 45 Shelving in the meat coffin are chipped and rusted. Undersides of prep tables are rusty. Repair or replace so that it is nonabsorbent and smooth.



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49 Spiggots above two compartment sink in the meat department are missing backflow prevention. Ensure proper backflow prevention is installed.

53 In the deli prep area, recaulk FRP at the wall ceiling. The wall underneath the 3 compartment sink is soiled and must be cleaned. The floors in the deli area are pitting.



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✓
Spell



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✓
Spell

