

# Food Establishment Inspection Report

Score: 97.5

Establishment Name: COSTCO #361 DELI/MEAT

Establishment ID: 3034020526

Location Address: 1085 HANES MALL BLVD

Inspection  Re-Inspection

City: WINSTON SALEM

State: NC

Date: 09 / 10 / 2019 Status Code: A

Zip: 27103

County: 34 Forsyth

Time In: 09 : 34  am  pm Time Out: 12 : 22  am  pm

Permittee: COST CO WHOLESALE

Total Time: 2 hrs 48 minutes

Telephone: (336) 970-2303

Category #: III

Wastewater System:  Municipal/Community  On-Site System

FDA Establishment Type: Deli Department

Water Supply:  Municipal/Community  On-Site Supply

No. of Risk Factor/Intervention Violations: 1

No. of Repeat Risk Factor/Intervention Violations: 0

| 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.        |                                     |                                     |                                     |                                                                                              |     |          |
| IN                                                                                           | OUT                                 | N/A                                 | N/O                                 | Compliance Status                                                                            | OUT | CDI R VR |
| <b>Supervision .2652</b>                                                                     |                                     |                                     |                                     |                                                                                              |     |          |
| 1                                                                                            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | PIC Present; Demonstration-Certification by accredited program and perform duties            | 2   | 0 0 0 0  |
| <b>Employee Health .2652</b>                                                                 |                                     |                                     |                                     |                                                                                              |     |          |
| 2                                                                                            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Management, employees knowledge; responsibilities & reporting                                | 3   | 13 0 0 0 |
| 3                                                                                            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Proper use of reporting, restriction & exclusion                                             | 3   | 13 0 0 0 |
| <b>Good Hygienic Practices .2652, .2653</b>                                                  |                                     |                                     |                                     |                                                                                              |     |          |
| 4                                                                                            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Proper eating, tasting, drinking, or tobacco use                                             | 2   | 1 0 0 0  |
| 5                                                                                            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | No discharge from eyes, nose or mouth                                                        | 1   | 03 0 0 0 |
| <b>Preventing Contamination by Hands .2652, .2653, .2655, .2656</b>                          |                                     |                                     |                                     |                                                                                              |     |          |
| 6                                                                                            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Hands clean & properly washed                                                                | 4   | 2 0 0 0  |
| 7                                                                                            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | No bare hand contact with RTE foods or pre-approved alternate procedure properly followed    | 3   | 13 0 0 0 |
| 8                                                                                            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Handwashing sinks supplied & accessible                                                      | 2   | 1 0 0 0  |
| <b>Approved Source .2653, .2655</b>                                                          |                                     |                                     |                                     |                                                                                              |     |          |
| 9                                                                                            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Food obtained from approved source                                                           | 2   | 1 0 0 0  |
| 10                                                                                           | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Food received at proper temperature                                                          | 2   | 1 0 0 0  |
| 11                                                                                           | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Food in good condition, safe & unadulterated                                                 | 2   | 1 0 0 0  |
| 12                                                                                           | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Required records available: shellstock tags, parasite destruction                            | 2   | 1 0 0 0  |
| <b>Protection from Contamination .2653, .2654</b>                                            |                                     |                                     |                                     |                                                                                              |     |          |
| 13                                                                                           | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Food separated & protected                                                                   | 3   | 13 0 0 0 |
| 14                                                                                           | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Food-contact surfaces: cleaned & sanitized                                                   | 3   | X 0 0 0  |
| 15                                                                                           | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Proper disposition of returned, previously served, reconditioned, & unsafe food              | 2   | 1 0 0 0  |
| <b>Potentially Hazardous Food Time/Temperature .2653</b>                                     |                                     |                                     |                                     |                                                                                              |     |          |
| 16                                                                                           | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Proper cooking time & temperatures                                                           | 3   | 13 0 0 0 |
| 17                                                                                           | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Proper reheating procedures for hot holding                                                  | 3   | 13 0 0 0 |
| 18                                                                                           | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Proper cooling time & temperatures                                                           | 3   | 13 0 0 0 |
| 19                                                                                           | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Proper hot holding temperatures                                                              | 3   | 13 0 0 0 |
| 20                                                                                           | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Proper cold holding temperatures                                                             | 3   | 13 0 0 0 |
| 21                                                                                           | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Proper date marking & disposition                                                            | 3   | 13 0 0 0 |
| 22                                                                                           | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Time as a public health control: procedures & records                                        | 2   | 1 0 0 0  |
| <b>Consumer Advisory .2653</b>                                                               |                                     |                                     |                                     |                                                                                              |     |          |
| 23                                                                                           | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Consumer advisory provided for raw or undercooked foods                                      | 1   | 03 0 0 0 |
| <b>Highly Susceptible Populations .2653</b>                                                  |                                     |                                     |                                     |                                                                                              |     |          |
| 24                                                                                           | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Pasteurized foods used; prohibited foods not offered                                         | 3   | 13 0 0 0 |
| <b>Chemical .2653, .2657</b>                                                                 |                                     |                                     |                                     |                                                                                              |     |          |
| 25                                                                                           | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Food additives: approved & properly used                                                     | 1   | 03 0 0 0 |
| 26                                                                                           | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Toxic substances properly identified stored, & used                                          | 2   | 1 0 0 0  |
| <b>Conformance with Approved Procedures .2653, .2654, .2658</b>                              |                                     |                                     |                                     |                                                                                              |     |          |
| 27                                                                                           | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan | 2   | 1 0 0 0  |

| Good Retail Practices                                                                                                          |                                     |                                     |                                     |                                                                                                         |            |            |
|--------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|---------------------------------------------------------------------------------------------------------|------------|------------|
| Good Retail Practices: Preventative measures to control the addition of pathogens, chemicals, and physical objects into foods. |                                     |                                     |                                     |                                                                                                         |            |            |
| IN                                                                                                                             | OUT                                 | N/A                                 | N/O                                 | Compliance Status                                                                                       | OUT        | CDI R VR   |
| <b>Safe Food and Water .2653, .2655, .2658</b>                                                                                 |                                     |                                     |                                     |                                                                                                         |            |            |
| 28                                                                                                                             | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Pasteurized eggs used where required                                                                    | 1          | 03 0 0 0   |
| 29                                                                                                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Water and ice from approved source                                                                      | 2          | 1 0 0 0    |
| 30                                                                                                                             | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Variance obtained for specialized processing methods                                                    | 1          | 03 0 0 0   |
| <b>Food Temperature Control .2653, .2654</b>                                                                                   |                                     |                                     |                                     |                                                                                                         |            |            |
| 31                                                                                                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Proper cooling methods used; adequate equipment for temperature control                                 | 1          | 03 0 0 0   |
| 32                                                                                                                             | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Plant food properly cooked for hot holding                                                              | 1          | 03 0 0 0   |
| 33                                                                                                                             | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Approved thawing methods used                                                                           | 1          | 03 0 0 0   |
| 34                                                                                                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Thermometers provided & accurate                                                                        | 1          | 03 0 0 0   |
| <b>Food Identification .2653</b>                                                                                               |                                     |                                     |                                     |                                                                                                         |            |            |
| 35                                                                                                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Food properly labeled: original container                                                               | 2          | 1 0 0 0    |
| <b>Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657</b>                                                      |                                     |                                     |                                     |                                                                                                         |            |            |
| 36                                                                                                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Insects & rodents not present; no unauthorized animals                                                  | 2          | 1 0 0 0    |
| 37                                                                                                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Contamination prevented during food preparation, storage & display                                      | 2          | 1 0 0 0    |
| 38                                                                                                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Personal cleanliness                                                                                    | 1          | 03 0 0 0   |
| 39                                                                                                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Wiping cloths: properly used & stored                                                                   | 1          | 03 0 0 0   |
| 40                                                                                                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Washing fruits & vegetables                                                                             | 1          | 03 0 0 0   |
| <b>Proper Use of Utensils .2653, .2654</b>                                                                                     |                                     |                                     |                                     |                                                                                                         |            |            |
| 41                                                                                                                             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | In-use utensils: properly stored                                                                        | 1          | 03 X 0 0 0 |
| 42                                                                                                                             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Utensils, equipment & linens: properly stored, dried & handled                                          | 1          | 03 X 0 0 0 |
| 43                                                                                                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Single-use & single-service articles: properly stored & used                                            | 1          | 03 0 0 0   |
| 44                                                                                                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Gloves used properly                                                                                    | 1          | 03 0 0 0   |
| <b>Utensils and Equipment .2653, .2654, .2663</b>                                                                              |                                     |                                     |                                     |                                                                                                         |            |            |
| 45                                                                                                                             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used | 2          | X 0 0 0 X  |
| 46                                                                                                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Warewashing facilities: installed, maintained, & used; test strips                                      | 1          | 03 0 0 0   |
| 47                                                                                                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Non-food contact surfaces clean                                                                         | 1          | 03 0 0 0   |
| <b>Physical Facilities .2654, .2655, .2656</b>                                                                                 |                                     |                                     |                                     |                                                                                                         |            |            |
| 48                                                                                                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Hot & cold water available; adequate pressure                                                           | 2          | 1 0 0 0    |
| 49                                                                                                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Plumbing installed; proper backflow devices                                                             | 2          | 1 0 0 0    |
| 50                                                                                                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Sewage & waste water properly disposed                                                                  | 2          | 1 0 0 0    |
| 51                                                                                                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Toilet facilities: properly constructed, supplied & cleaned                                             | 1          | 03 0 0 0   |
| 52                                                                                                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Garbage & refuse properly disposed; facilities maintained                                               | 1          | 03 0 0 0   |
| 53                                                                                                                             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Physical facilities installed, maintained & clean                                                       | 1          | 03 X 0 0 0 |
| 54                                                                                                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Meets ventilation & lighting requirements; designated areas used                                        | 1          | 03 0 0 0   |
| <b>Total Deductions:</b>                                                                                                       |                                     |                                     |                                     |                                                                                                         | <b>2.5</b> |            |



# Comment Addendum to Food Establishment Inspection Report

Establishment Name: COSTCO #361 DELI/MEAT  
 Location Address: 1085 HANES MALL BLVD  
 City: WINSTON SALEM State: NC  
 County: 34 Forsyth Zip: 27103  
 Wastewater System:  Municipal/Community  On-Site System  
 Water Supply:  Municipal/Community  On-Site System  
 Permittee: COST CO WHOLESALE  
 Telephone: (336) 970-2303

Establishment ID: 3034020526  
 Inspection  Re-Inspection Date: 09/10/2019  
 Comment Addendum Attached?  Status Code: A  
 Water sample taken?  Yes  No Category #: III  
 Email 1: jbrooks@bfoodsnc.com  
 Email 2:  
 Email 3:

## Temperature Observations

Cold Holding Temperature is now 41 Degrees or less

| Item         | Location     | Temp | Item        | Location            | Temp | Item          | Location            | Temp |
|--------------|--------------|------|-------------|---------------------|------|---------------|---------------------|------|
| Wings        | final cook   | 201  | Ribs        | retail display case | 40   | Bison         | retail display case | 41   |
| Ribs         | final cook   | 210  | C. Breast   | retail display case | 40   | B. Tenderloin | retail display case | 41   |
| Rotisserie   | hot holding  | 170  | Wings       | retail display case | 39   | Beef Flank    | retail display case | 41   |
| Chicken Soup | cold holding | 38   | Ground Beef | blast chiller       | 41   | Chicken       | retail display case | 39   |
| Lasagna      | cold holding | 36   | Wings       | blast chiller       | 37   | Snapper       | retail display case | 41   |
| Sau. Pasta   | cold holding | 41   | Ribs        | walk-in cooler      | 37   | Quat Sani     | 3-compartment sink  | 150  |
| Meatball     | cold holding | 40   | Shrimp      | walk-in cooler      | 35   | Hot Water     | 3-compartment sink  | 140  |
| Meatloaf     | cold holding | 41   | Salmon      | walk-in cooler      | 37   | FSP           | R. Vasquez 5-22-22  | 00   |

## 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 4-501.114 Manual and Mechanical Warewashing Equipment, Chemical Sanitization-Temperature, pH, Concentration and Hardness - P: The concentration of the sanitizer at the chicken sink measured at 0 ppm. A chemical sanitizer solution for a manual operation shall have a concentration that meets manufacturer's specifications. CDI: It was determined that the sanitizer dispenser was out of commission and employees were instructed to manually mix sanitizer until the dispensing unit was repaired. Employee presented a concentration of 200 ppm.//4-601.11 (A) Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils - P: The following items were stored soiled in the clean dish area: 3 scoopers, 1 mixing attachment, and 1 chicken pan. Food-contact items shall be clean to sight and touch. CDI: PIC moved items to the manual warewashing area to be cleaned.
- 41 3-304.12 In-Use Utensils, Between-Use Storage - C: A small black bowl being used as a scoop is being stored in a container of cheese in the walk-in cooler. During pauses in food preparation or dispensing, food preparation and dispensing utensils shall be stored in the food with handles above the top of the food in the container. 0-point
- 42 4-901.11 Equipment and Utensils, Air-Drying Required - C: A stack of sheet pans were stacked wet in the clean dish area. After cleaning and sanitizing equipment shall be air-dried. 0-points

Lock Text



Person in Charge (Print & Sign): Rinaldys First Vasquez Last

Regulatory Authority (Print & Sign): Victoria First Murphy Last

*[Handwritten Signature: Rinaldys Vasquez]*  
*[Handwritten Signature: Victoria Murphy]*

REHS ID: 2795 - Murphy, Victoria

Verification Required Date: \_\_\_/\_\_\_/\_\_\_

REHS Contact Phone Number: ( 336 ) 703 - 3814



North Carolina Department of Health & Human Services • Division of Public Health • Environmental Health Section • Food Protection Program  
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- 45 4-501.11 Good Repair and Proper Adjustment-Equipment-REPEAT - C: Rusting is occurring along the wall under the 3-compartment sink. Equipment shall be maintained in good repair
- 53 6-501.11 Repairing-Premises, Structures, Attachments, and Fixtures-Methods - C: Recaulk rotisserie hand sink to the wall. Premises shall be maintained in good repair. 0-point



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✓  
Spell



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Spell



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✓  
Spell

