



Colorado Department of Public Health and Environment

Colorado Department of Public Health and Environment
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 License #: 28-42531-0006

ESTABLISHMENT CARL'S JR. #7201					OWNER NAME BY THE RIO, LLC		
ADDRESS 502 E MAIN ST FLORENCE CO						ZIP 81226	
COUNTY	FIRM ID	INSPECTOR ID	DATE			TRAVEL TIME	INSPECT TIME
22	1567	259	MONTH	DAY	YEAR	0	15
			02	24	11		
							TYPE <input type="checkbox"/> REGULAR <input type="checkbox"/> FOLLOW-UP <input type="checkbox"/> PRE-OPERATIONAL <input checked="" type="checkbox"/> COMPLAINT

RETAIL FOOD ESTABLISHMENT FOOD INSPECTION REPORT

Items circled below identify violations to be corrected as indicated by the regulatory authority. Failure to comply may result in further action by the regulatory authority.

Red - Critical Items: These items related directly to foodborne illness.			
1. FOOD SOURCE		9. FOOD LABELING, FOOD PROTECTION	
a. Approved source	c. Cross-contamination	a. Original container, properly labeled	b. Food protected from contamination
b. Wholesome, free of spoilage	d. HACCP plan	10. EQUIPMENT DESIGN, CONSTRUCTION	
2. PERSONNEL		a. Food-contact surfaces	c. Dishwashing facilities
a. Personnel w/infections restricted	e. Smoking, eating, drinking	b. Nonfood-contact surfaces	
b. Wounds properly covered	f. Demonstration of knowledge	11. TESTING DEVICES	
c. Hands washed as needed	g. Preventing food contamination from bare hands	a. Refrigeration units provided with accurate, conspicuous thermometer	c. Chemical test kits provided, accessible
d. Hygienic practices		b. Dishmachine provided with accurate thermometer and gauge	
3. FOOD TEMPERATURE CONTROL		12. CLEANING OF EQUIPMENT AND UTENSILS	
a. Rapidly cool foods to 41°F or less	e. Cold hold at 41°F or less	a. Food-contact surfaces	c. Dishwashing operations
b. Rapidly reheat to 165°F or greater	f. Temperature control equipment - food thermometer (probe type)	b. Nonfood-contact surfaces	d. Wiping cloths
c. Hot hold at 135°F or greater	g. Temperature control equipment - adequate equipment to maintain food temperatures	13. UTENSILS, SINGLE-SERVICE ARTICLES	
d. Required cooking temperature		a. Utensils provided, used, stored	c. No reuse of single-service articles
4. SANITIZATION RINSE		b. Single-service articles stored, dispensed, used	
	<u>Temperature</u>	<u>Concentration</u>	<u>Exposure</u>
a. Manual	_____	_____	_____
b. Mechanical	_____	_____	_____
c. In-Place	_____	_____	_____
Sanitizer: Chlorine	Quaternary Ammonium	Other:	
5. WATER, SEWAGE, PLUMBING SYSTEMS			
a. Safe water source	c. Backflow, back_siphonage		
b. Hot and cold water under pressure	d. Sewage disposal		
6. HANDWASHING AND TOILET FACILITIES			
a. Adequate number, location	c. Soap and drying devices		
b. Accessible			
7. PEST CONTROL			
a. Evidence of insects or rodents	c. Animals prohibited		
b. Pesticide application			
8. POISONOUS OR TOXIC ITEMS			
a. Properly stored	c. Properly used		
b. Properly labeled			
		14. PHYSICAL FACILITIES	
		a. Plumbing: installed, maintained	f. Locker rooms
		b. Garbage and refuse	g. Premises maintained
		c. Floors, walls, ceilings	h. Separation of living, laundry
		d. Lighting	i. Restroom facilities
		e. Ventilation	
		15. OTHER OPERATIONS	
		<input checked="" type="checkbox"/> a. Personnel: clean clothes, hair restraints, authorized	b. Linen properly stored
Recommended Regulatory Action			
(s)			
<input type="checkbox"/> 1 st Notification of Non-Compliance			
<input type="checkbox"/> Additional Notification of Non-Compliance			
<input type="checkbox"/> Notice of Civil Penalty			
<input type="checkbox"/> Final Order of Civil Penalty			
<input type="checkbox"/> Revocation/License Suspension			
On-site Regulatory Actions			
<input type="checkbox"/> Voluntary Closure			
<input type="checkbox"/> Embargo Notice			
<input type="checkbox"/> Voluntary Condemnation			
Resolution(s) & Interventions			
<input type="checkbox"/> 1 st Compliance Warning Letter			
<input type="checkbox"/> Additional Compliance Warning Letter			
<input type="checkbox"/> Voluntary Closure Release			
<input type="checkbox"/> Embargo Release			
<input type="checkbox"/> Compliance Agreement			
<input type="checkbox"/> On-Site Training			
<input type="checkbox"/> HACCP Study			
<input type="checkbox"/> Announced Inspection			
<input type="checkbox"/> FDA Documented Inspection			

ENVIRONMENTAL HEALTH SPECIALIST:	RECEIVED BY:
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Form RF001-1_revH_InspectionReport_0506

CIVCS: Yes No

On-site Follow-Up: Yes No

