



Colorado Department of Public Health and Environment

Colorado Department of Public Health and Environment
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 License #: 05-14305-0000

ESTABLISHMENT MERLINO'S BELVEDERE					OWNER NAME MERLINO'S INC.			
ADDRESS 1330 ELM CANON CITY CO					ZIP 81212			
COUNTY	FIRM ID	INSPECTOR ID	DATE			TRAVEL TIME	INSPECT TIME	TYPE <input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> FOLLOW-UP <input type="checkbox"/> PRE-OPERATIONAL <input type="checkbox"/> COMPLAINT
22	1570	259	MONTH 06	DAY 27	YEAR 11	0	60	

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
<input checked="" type="checkbox"/> b. Wholesome, free of spoilage	d. HACCP plan		
2. PERSONNEL		10. EQUIPMENT DESIGN, CONSTRUCTION	
a. Personnel w/infections restricted	e. Smoking, eating, drinking	a. Food-contact surfaces	c. Dishwashing facilities
b. Wounds properly covered	f. Demonstration of knowledge	b. Nonfood-contact surfaces	
c. Hands washed as needed	<input checked="" type="checkbox"/> g. Preventing food contamination from bare hands	11. TESTING DEVICES	
<input checked="" type="checkbox"/> d. Hygienic practices		a. Refrigeration units provided with accurate, conspicuous thermometer	c. Chemical test kits provided, accessible
3. FOOD TEMPERATURE CONTROL		b. Dishmachine provided with accurate thermometer and gauge	
<input checked="" type="checkbox"/> a. Rapidly cool foods to 41°F or less	<input checked="" type="checkbox"/> e. Cold hold at 41°F or less	12. CLEANING OF EQUIPMENT AND UTENSILS	
b. Rapidly reheat to 165°F or greater	f. Temperature control equipment - food thermometer (probe type)	a. Food-contact surfaces	c. Dishwashing operations
<input checked="" type="checkbox"/> c. Hot hold at 135°F or greater	g. Temperature control equipment - adequate equipment to maintain food temperatures	b. Nonfood-contact surfaces	d. Wiping cloths
d. Required cooking temperature		13. UTENSILS, SINGLE-SERVICE ARTICLES	
4. SANITIZATION RINSE		a. Utensils provided, used, stored, dispensed, used	<input checked="" type="checkbox"/> c. No reuse of single-service articles
	<u>Temperature</u>	<u>Concentration</u>	<u>Exposure</u>
a. Manual	_____	_____	_____
b. Mechanical	_____	100 ppm	_____
c. In-Place	_____	_____	_____
Sanitizer: <input checked="" type="checkbox"/> Chlorine	Quaternary Ammonium	Other:	
5. WATER, SEWAGE, PLUMBING SYSTEMS			
a. Safe water source	<input checked="" type="checkbox"/> 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			
<input checked="" type="checkbox"/> 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			
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

