



Colorado Department of Public Health and Environment

Colorado Department of Public Health and Environment
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Page 1 of 2
 License #: 05-14305-0000

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|---|---------|--------------|-------|-----|-------------------------------------|-------------|--------------|
| 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 |
| 22 | 1570 | 259 | MONTH | DAY | YEAR | 10 | 10 |
| | | | 06 | 27 | 11 | | |
| TYPE <input type="checkbox"/> REGULAR <input checked="" type="checkbox"/> FOLLOW-UP <input type="checkbox"/> PRE-OPERATIONAL <input 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 | |
| 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 | |
| d. Hygienic practices | | c. Chemical test kits provided, accessible | |
| 3. FOOD TEMPERATURE CONTROL | | b. Dishmachine provided with accurate thermometer and gauge | |
| a. Rapidly cool foods to 41°F or less | 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. Hot hold at 135°F or greater | g. Temperature control equipment - adequate equipment to maintain food temperatures | c. Dishwashing operations | |
| d. Required cooking temperature | | b. Nonfood-contact surfaces | |
| 4. SANITIZATION RINSE | | d. Wiping cloths | |
| | <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 | 13. UTENSILS, SINGLE-SERVICE ARTICLES | |
| <input checked="" type="checkbox"/> b. Hot and cold water under pressure | d. Sewage disposal | a. Utensils provided, used, stored | |
| 6. HANDWASHING AND TOILET FACILITIES | | c. No reuse of single-service articles | |
| a. Adequate number, location | c. Soap and drying devices | b. Single-service articles stored, dispensed, used | |
| b. Accessible | | 14. PHYSICAL FACILITIES | |
| 7. PEST CONTROL | | a. Plumbing: installed, maintained | |
| a. Evidence of insects or rodents | c. Animals prohibited | f. Locker rooms | |
| b. Pesticide application | | g. Premises maintained | |
| 8. POISONOUS OR TOXIC ITEMS | | h. Separation of living, laundry | |
| a. Properly stored | c. Properly used | i. Restroom facilities | |
| b. Properly labeled | | 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 | | | |

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| ENVIRONMENTAL HEALTH SPECIALIST: | RECEIVED BY: |
|----------------------------------|--------------|

Form RF001-1_revH_InspectionReport_0506

CIVCS: Yes No

On-site Follow-Up: Yes No

