



Colorado Department
of Public Health
and Environment

Colorado Department of Public Health and Environment

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License #: 42-73339-0000

ESTABLISHMENT COMPADRE'S MEXICAN CUISINE					OWNER NAME CASTELLANOS ANDRES			
ADDRESS 727 E MAIN ST FLORENCE CO						ZIP 81226		
COUNTY	FIRM ID	INSPECTOR ID	DATE			TRAVEL TIME	INSPECT TIME	TYPE
22	1579	259	MONTH	DAY	YEAR	20	10	<input type="checkbox"/> REGULAR <input checked="" type="checkbox"/> FOLLOW-UP <input type="checkbox"/> PRE-OPERATIONAL <input type="checkbox"/> COMPLAINT
			06	01	10			

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.			
01. FOOD SOURCE		09. 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	
02. PERSONNEL		11. TESTING DEVICES	
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	g. Preventing food contamination from bare hands	12. CLEANING OF EQUIPMENT AND UTENSILS	
d. Hygienic practices		a. Food-contact surfaces	c. Dishwashing operations
03. FOOD TEMPERATURE CONTROL		b. Nonfood-contact surfaces	d. Wiping cloths
a. Rapidly cool foods to 41°F or less	e. Cold hold at 41°F or less	13. UTENSILS, SINGLE-SERVICE ARTICLES	
b. Rapidly reheat to 165°F or greater	f. Temperature control equipment - food thermometer (probe type)	a. Utensils provided, used, stored	c. No reuse of single-service articles
c. Hot hold at 135°F or greater	g. Temperature control equipment - adequate equipment to maintain food temperatures	b. Single-service articles stored, dispensed, used	
d. Required cooking temperature		14. PHYSICAL FACILITIES	
04. SANITIZATION RINSE		15. OTHER OPERATIONS	
	<u>Temperature</u>	<u>Concentration</u>	<u>Exposure</u>
a. Manual	_____	_____	_____
b. Mechanical	_____	_____	_____
c. In-Place	_____	_____	_____
Sanitizer: Chlorine	Quaternary Ammonium	Other:	
05. WATER, SEWAGE, PLUMBING SYSTEMS			
a. Safe water source	<input checked="" type="checkbox"/> d. Sewage disposal	a. Personnel: clean clothes, hair restraints, authorized	
b. Hot and cold water under pressure		b. Linen properly stored	
c. Backflow, back siphonage		Recommended Regulatory Action (s)	
06. HANDWASHING AND TOILET FACILITIES		<input type="checkbox"/> 1 st Notification of Non-Compliance	
a. Adequate number, location	c. Soap and drying devices	<input type="checkbox"/> Additional Notification of Non-Compliance	
b. Accessible		<input type="checkbox"/> Notice of Civil Penalty	
07. PEST CONTROL		<input type="checkbox"/> Final Order of Civil Penalty	
a. Evidence of insects or rodents	c. Animals prohibited	<input type="checkbox"/> Revocation/License Suspension	
b. Pesticide application		On-site Regulatory Actions	
08. POISONOUS OR TOXIC ITEMS		<input type="checkbox"/> Voluntary Closure	
a. Properly stored	c. Properly used	<input type="checkbox"/> Embargo Notice	
b. Properly labeled		<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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