



Colorado Department
of Public Health
and Environment

Colorado Department of Public Health and Environment

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License #: 05-18081-0000

ESTABLISHMENT COTOPAXI SCHOOL					OWNER NAME COTOPAXI SCHOOL DISTRICT RE-3			
ADDRESS 345 COUNTY RD 12 COTOPAXI CO						ZIP 81223		
COUNTY	FIRM ID	INSPECTOR ID	DATE			TRAVEL TIME	INSPECT TIME	TYPE
22	1592	259	MONTH	DAY	YEAR	15	25	<input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> FOLLOW-UP <input type="checkbox"/> PRE-OPERATIONAL <input type="checkbox"/> COMPLAINT
			10	19	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					
02. 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		g. Preventing food contamination		11. TESTING DEVICES			
d. Hygienic practices		from bare hands		a. Refrigeration units provided with accurate, conspicuous thermometer		c. Chemical test kits provided, accessible	
03. 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. Dishwashing operations	
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			
04. SANITIZATION RINSE				a. Utensils provided, used, stored			
		Temperature		Concentration		c. No reuse of single-service articles	
a. Manual		_____		_____		b. Single-service articles stored, dispensed, used	
b. Mechanical		_____		100 ppm			
c. In-Place		_____		100 ppm			
Sanitizer:		<input checked="" type="checkbox"/> Chlorine		Quaternary Ammonium		Other: _____	
05. WATER, SEWAGE, PLUMBING SYSTEMS				14. PHYSICAL FACILITIES			
a. Safe water source		c. Backflow, back_siphonage		a. Plumbing: installed, maintained		f. Locker rooms	
b. Hot and cold water under pressure		d. Sewage disposal		b. Garbage and refuse		g. Premises maintained	
06. HANDWASHING AND TOILET FACILITIES				c. Floors, walls, ceilings			
a. Adequate number, location		c. Soap and drying devices		d. Lighting		h. Separation of living, laundry	
b. Accessible				e. Ventilation		i. Restroom facilities	
07. PEST CONTROL				15. OTHER OPERATIONS			
a. Evidence of insects or rodents		c. Animals prohibited		a. Personnel: clean clothes, hair restraints, authorized			
b. Pesticide application				b. Linen properly stored			
08. POISONOUS OR TOXIC ITEMS				Recommended Regulatory Action (s)			
a. Properly stored		c. Properly used		<input type="checkbox"/> 1 st Notification of Non-Compliance			
b. Properly labeled				<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:

