



**Colorado Department of Public Health and Environment**

4300 Cherry Creek Drive South

Denver, CO 80246-1530

Phone (303) 692-3620 Fax (303) 753-6809

Page 1 of 2

License #: 08-39587-0015

ESTABLISHMENT <b>WENDY'S</b>					OWNER NAME <b>WENDY'S OF COLORADO SPRINGS, LLP</b>			
ADDRESS <b>1101 ROYAL GORGE BLVD CANON CITY CO</b>						ZIP <b>81212</b>		
COUNTY	FIRM ID	INSPECTOR ID	DATE			TRAVEL TIME	INSPECT TIME	TYPE
22	1595	259	MONTH	DAY	YEAR	0	35	<input type="checkbox"/> REGULAR <input type="checkbox"/> FOLLOW-UP <input type="checkbox"/> PRE-OPERATIONAL <input type="checkbox"/> COMPLAINT
			05	12	11			

**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.

<b>Red - Critical Items: These items related directly to foodborne illness.</b>															
<b>1. FOOD SOURCE</b>		<b>9. FOOD LABELING, FOOD PROTECTION</b>													
a. Approved source	c. Cross-contamination	a. Original container, properly labeled	b. Food protected from contamination												
b. Wholesome, free of spoilage	d. HACCP plan														
<b>2. PERSONNEL</b>		<b>10. EQUIPMENT DESIGN, CONSTRUCTION</b>													
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	<b>11. TESTING DEVICES</b>													
d. Hygienic practices	from bare hands	a. Refrigeration units provided with accurate, conspicuous thermometer	c. Chemical test kits provided, accessible												
<b>3. FOOD TEMPERATURE CONTROL</b>		b. Dishmachine provided with accurate thermometer and gauge	cock												
a. Rapidly cool foods to 41°F or less	<input checked="" type="checkbox"/> e. Cold hold at 41°F or less	<b>12. CLEANING OF EQUIPMENT AND UTENSILS</b>													
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		<b>13. UTENSILS, SINGLE-SERVICE ARTICLES</b>													
<b>4. SANITIZATION RINSE</b>		a. Utensils provided, used, stored	c. No reuse of single-service articles												
	<table border="1"> <thead> <tr> <th>Temperature</th> <th>Concentration</th> <th>Exposure</th> </tr> </thead> <tbody> <tr> <td>a. Manual _____</td> <td>200 ppm _____</td> <td>_____</td> </tr> <tr> <td>b. Mechanical _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>c. In-Place _____</td> <td>200 ppm _____</td> <td>_____</td> </tr> </tbody> </table>	Temperature	Concentration	Exposure	a. Manual _____	200 ppm _____	_____	b. Mechanical _____	_____	_____	c. In-Place _____	200 ppm _____	_____	b. Single-service articles stored, dispensed, used	
Temperature	Concentration	Exposure													
a. Manual _____	200 ppm _____	_____													
b. Mechanical _____	_____	_____													
c. In-Place _____	200 ppm _____	_____													
Sanitizer: Chlorine <input checked="" type="checkbox"/> Quaternary Ammonium <input type="checkbox"/> Other: _____		<b>14. PHYSICAL FACILITIES</b>													
<b>5. WATER, SEWAGE, PLUMBING SYSTEMS</b>		a. Plumbing: installed, maintained	f. Locker rooms												
a. Safe water source	c. Backflow, back siphonage	b. Garbage and refuse	g. Premises maintained												
b. Hot and cold water under pressure	d. Sewage disposal	c. Floors, walls, ceilings	h. Separation of living, laundry												
<b>6. HANDWASHING AND TOILET FACILITIES</b>		d. Lighting	i. Restroom facilities												
a. Adequate number, location	c. Soap and drying devices	e. Ventilation													
b. Accessible		<b>15. OTHER OPERATIONS</b>													
<b>7. PEST CONTROL</b>		a. Personnel: clean clothes, hair restraints, authorized	b. Linen properly stored												
<input checked="" type="checkbox"/> a. Evidence of insects or rodents	c. Animals prohibited	<b>Recommended Regulatory Action</b>													
b. Pesticide application		<b>(s)</b>													
<b>8. POISONOUS OR TOXIC ITEMS</b>		<input type="checkbox"/> 1 <sup>st</sup> Notification of Non-Compliance													
a. Properly stored	c. Properly used	<input type="checkbox"/> Additional Notification of Non-Compliance													
b. Properly labeled		<input type="checkbox"/> Notice of Civil Penalty													
		<input type="checkbox"/> Final Order of Civil Penalty													
		<input type="checkbox"/> Revocation/License Suspension													
		<b>On-site Regulatory Actions</b>													
		<input type="checkbox"/> Voluntary Closure													
		<input type="checkbox"/> Embargo Notice													
		<input type="checkbox"/> Voluntary Condemnation													
		<b>Resolution(s) &amp; Interventions</b>													
		<input type="checkbox"/> 1 <sup>st</sup> 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 checked="" type="checkbox"/> HACCP Study													
		<input type="checkbox"/> Announced Inspection													
		<input type="checkbox"/> FDA Documented Inspection													
ENVIRONMENTAL HEALTH SPECIALIST:		RECEIVED BY:													

Form RF001-1\_revH\_InspectionReport\_0506

CIVCS:  Yes  No

On-site Follow-Up:  Yes  No

