



Colorado Department of Public Health and Environment

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 #: 05-18888-0000

ESTABLISHMENT UAACOG SENIOR NUTRITION PROGRAM/FLORENCE COMMUNITY CENTER					OWNER NAME UAACOG SENIOR NUTRITION PROGRAM		
ADDRESS 100 RAILROAD FLORENCE CO						ZIP 81226	
COUNTY 22	FIRM ID 1715	INSPECTOR ID 259	DATE			TRAVEL TIME 0	INSPECT TIME 15
			MONTH 02	DAY 10	YEAR 11		
							TYPE <input type="checkbox"/> REGULAR <input type="checkbox"/> FOLLOW-UP <input type="checkbox"/> PRE-OPERATIONAL <input checked="" 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														
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	<input checked="" type="checkbox"/> 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												
3. FOOD TEMPERATURE CONTROL		b. Dishmachine provided with accurate thermometer and gauge	cock												
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)	<input checked="" type="checkbox"/> a. Food-contact surfaces	<input checked="" type="checkbox"/> c. Dishwashing operations												
c. Hot hold at 135°F or greater	g. Temperature control equipment - adequate equipment to maintain food temperatures	<input checked="" type="checkbox"/> b. Nonfood-contact surfaces	d. Wiping cloths												
d. Required cooking temperature		13. UTENSILS, SINGLE-SERVICE ARTICLES													
4. SANITIZATION RINSE		a. Utensils provided, used, stored	c. No reuse of single-service articles												
	<table border="0"> <tr> <td><u>Temperature</u></td> <td><u>Concentration</u></td> <td><u>Exposure</u></td> </tr> <tr> <td>a. Manual</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>b. Mechanical</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>c. In-Place</td> <td>_____</td> <td>_____</td> </tr> </table>	<u>Temperature</u>	<u>Concentration</u>	<u>Exposure</u>	a. Manual	_____	_____	b. Mechanical	_____	_____	c. In-Place	_____	_____	b. Single-service articles stored, dispensed, used	
<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		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	<input checked="" type="checkbox"/> g. Premises maintained												
		<input checked="" type="checkbox"/> c. Floors, walls, ceilings	h. Separation of living, laundry												
		<input checked="" type="checkbox"/> d. Lighting	i. Restroom facilities												
		<input checked="" type="checkbox"/> e. Ventilation													
6. HANDWASHING AND TOILET FACILITIES		15. OTHER OPERATIONS													
a. Adequate number, location	c. Soap and drying devices	a. Personnel: clean clothes, hair restraints, authorized	b. Linen properly stored												
b. Accessible		Recommended Regulatory Action													
7. PEST CONTROL		(s)													
a. Evidence of insects or rodents	c. Animals prohibited	<input type="checkbox"/> 1 st Notification of Non-Compliance													
b. Pesticide application		<input type="checkbox"/> Additional Notification of Non-Compliance													
8. POISONOUS OR TOXIC ITEMS		<input type="checkbox"/> Notice of Civil Penalty													
a. Properly stored	c. Properly used	<input type="checkbox"/> Final Order of Civil Penalty													
b. Properly labeled		<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

