



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

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License #: 42-58388-0000

ESTABLISHMENT <b>CHINA GARDEN RESTAURANT</b>					OWNER NAME <b>CHINA GARDEN RESTAURANT, INC.</b>		
ADDRESS <b>3245 HWY 50 E UNIT B CANON CITY CO</b>						ZIP <b>81212</b>	
COUNTY	FIRM ID	INSPECTOR ID	DATE			TRAVEL TIME	INSPECT TIME
22	9035	259	MONTH	DAY	YEAR	0	45
			06	09	11		
							TYPE <input type="checkbox"/> REGULAR <input 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.

<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>10. EQUIPMENT DESIGN, CONSTRUCTION</b>	
<b>2. PERSONNEL</b>		a. Food-contact surfaces	c. Dishwashing facilities
a. Personnel w/infections restricted	<input checked="" type="checkbox"/> e. Smoking, eating, drinking	b. Nonfood-contact surfaces	
b. Wounds properly covered	f. Demonstration of knowledge	<b>11. TESTING DEVICES</b>	
c. Hands washed as needed	g. Preventing food contamination from bare hands	a. Refrigeration units provided with accurate, conspicuous thermometer	c. Chemical test kits provided, accessible
<input checked="" type="checkbox"/> d. Hygienic practices		b. Dishmachine provided with accurate thermometer and gauge	
<b>3. FOOD TEMPERATURE CONTROL</b>		<b>12. CLEANING OF EQUIPMENT AND UTENSILS</b>	
<input checked="" type="checkbox"/> a. Rapidly cool foods to 41°F or less	<input checked="" type="checkbox"/> e. Cold hold at 41°F or less	a. Food-contact surfaces	c. Dishwashing operations
b. Rapidly reheat to 165°F or greater	f. Temperature control equipment - food thermometer (probe type)	b. Nonfood-contact surfaces	d. Wiping cloths
c. Hot hold at 135°F or greater	g. Temperature control equipment - adequate equipment to maintain food temperatures	<b>13. UTENSILS, SINGLE-SERVICE ARTICLES</b>	
d. Required cooking temperature		a. Utensils provided, used, stored, dispensed, used	c. No reuse of single-service articles
<b>4. SANITIZATION RINSE</b>		<b>14. PHYSICAL FACILITIES</b>	
	<u>Temperature</u>	<u>Concentration</u>	<u>Exposure</u>
a. Manual	_____	_____	_____
b. Mechanical	_____	100 ppm	_____
c. In-Place	_____	_____	_____
Sanitizer: <input checked="" type="checkbox"/> Chlorine	Quaternary Ammonium	Other:	
<b>5. WATER, SEWAGE, PLUMBING SYSTEMS</b>		<b>15. OTHER OPERATIONS</b>	
a. Safe water source	c. Backflow, back_siphonage	a. Personnel: clean clothes, hair restraints, authorized	b. Linen properly stored
b. Hot and cold water under pressure	d. Sewage disposal	<b>Recommended Regulatory Action (s)</b>	
<b>6. HANDWASHING AND TOILET FACILITIES</b>		<input type="checkbox"/> 1 <sup>st</sup> 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	
<b>7. PEST CONTROL</b>		<input type="checkbox"/> Final Order of Civil Penalty	
<input checked="" type="checkbox"/> a. Evidence of insects or rodents	c. Animals prohibited	<input type="checkbox"/> Revocation/License Suspension	
b. Pesticide application		<b>On-site Regulatory Actions</b>	
<b>8. POISONOUS OR TOXIC ITEMS</b>		<input type="checkbox"/> Voluntary Closure	
a. Properly stored	c. Properly used	<input type="checkbox"/> Embargo Notice	
b. Properly labeled		<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:
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Form RF001-1\_revH\_InspectionReport\_0506

CIVCS:  Yes  No

On-site Follow-Up:  Yes  No

