



Colorado Department of Public Health and Environment

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Colorado Department of Public Health and Environment

Page 1 of 2

License #: 41-89078-0000

ESTABLISHMENT CANON COFFEE CAFÉ					OWNER NAME 1520 ROYAL LLC			
ADDRESS 1520 ROYAL GORGE BLVD STE A CANON CITY CO						ZIP 81212		
COUNTY	FIRM ID	INSPECTOR ID	DATE			TRAVEL TIME	INSPECT TIME	TYPE
22	9710	259	MONTH	DAY	YEAR	5	90	<input type="checkbox"/> REGULAR <input type="checkbox"/> FOLLOW-UP <input type="checkbox"/> PRE-OPERATIONAL <input type="checkbox"/> COMPLAINT
			06	24	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 a. Approved source b. Wholesome, free of spoilage	c. Cross-contamination d. HACCP plan	09. FOOD LABELING, FOOD PROTECTION a. Original container, properly labeled b. Food protected from contamination						
02. PERSONNEL a. Personnel w/infections restricted b. Wounds properly covered <input checked="" type="checkbox"/> c. Hands washed as needed <input checked="" type="checkbox"/> d. Hygienic practices e. Smoking, eating, drinking	f. Demonstration of knowledge g. Preventing food contamination from bare hands	10. EQUIPMENT DESIGN, CONSTRUCTION a. Food-contact surfaces b. Nonfood-contact surfaces 11. TESTING DEVICES a. Refrigeration units provided with accurate, conspicuous thermometer b. Dishmachine provided with accurate thermometer and gauge c. Dishwashing facilities c. Chemical test kits provided, accessible						
03. FOOD TEMPERATURE CONTROL <input checked="" type="checkbox"/> a. Rapidly cool foods to 41°F or less <input checked="" type="checkbox"/> b. Rapidly reheat to 165°F or greater <input checked="" type="checkbox"/> c. Hot hold at 135°F or greater d. Required cooking temperature <input checked="" type="checkbox"/> e. Cold hold at 41°F or less f. Temperature control equipment - food thermometer (probe type) g. Temperature control equipment - adequate equipment to maintain food temperatures		12. CLEANING OF EQUIPMENT AND UTENSILS a. Food-contact surfaces b. Nonfood-contact surfaces c. Dishwashing operations d. Wiping cloths						
04. SANITIZATION RINSE a. Manual b. Mechanical c. In-Place Sanitizer: <input checked="" type="checkbox"/> Chlorine Quaternary Ammonium Other: _____	<table border="1"> <thead> <tr> <th>Temperature</th> <th>Concentration</th> <th>Exposure</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>50 ppm</td> <td>_____</td> </tr> </tbody> </table>	Temperature	Concentration	Exposure	_____	50 ppm	_____	13. UTENSILS, SINGLE-SERVICE ARTICLES a. Utensils provided, used, stored b. Single-service articles stored, dispensed, used c. No reuse of single-service articles
Temperature	Concentration	Exposure						
_____	50 ppm	_____						
05. WATER, SEWAGE, PLUMBING SYSTEMS a. Safe water source <input checked="" type="checkbox"/> b. Hot and cold water under pressure c. Backflow, back_siphonage d. Sewage disposal		14. PHYSICAL FACILITIES a. Plumbing: installed, maintained b. Garbage and refuse c. Floors, walls, ceilings d. Lighting e. Ventilation f. Locker rooms g. Premises maintained h. Separation of living, laundry i. Restroom facilities						
06. HANDWASHING AND TOILET FACILITIES a. Adequate number, location <input checked="" type="checkbox"/> b. Accessible	c. Soap and drying devices	15. OTHER OPERATIONS a. Personnel: clean clothes, hair restraints, authorized b. Linen properly stored						
07. PEST CONTROL a. Evidence of insects or rodents b. Pesticide application	c. Animals prohibited	Recommended Regulatory Action (s) <input type="checkbox"/> 1 st Notification of Non-Compliance <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						
08. POISONOUS OR TOXIC ITEMS a. Properly stored b. Properly labeled	c. Properly used	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 checked="" type="checkbox"/> HACCP Study <input type="checkbox"/> Announced Inspection <input type="checkbox"/> FDA Documented Inspection						

ENVIRONMENTAL HEALTH SPECIALIST:

RECEIVED BY:

Method of/for Correction

Corrected On Site (COS):

CIVCS:

Follow-Up (F/U):

Compliance Agreement (CA):