



Colorado Department
of Public Health
and Environment

Colorado Department of Public Health and Environment

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License #: 12-13241-0000

| | | | | | | | | |
|--|---------|--------------|-------|-----|---|---------------------|--------------|---|
| ESTABLISHMENT RAFT MASTERS | | | | | OWNER NAME RAFT MASTERS, INC. | | | |
| ADDRESS 2315 E MAIN ST CANON CITY CO | | | | | | ZIP 81212 | | |
| COUNTY | FIRM ID | INSPECTOR ID | DATE | | | TRAVEL TIME | INSPECT TIME | TYPE |
| 22 | 11047 | 259 | MONTH | DAY | YEAR | 5 | 10 | <input type="checkbox"/> REGULAR <input checked="" type="checkbox"/> FOLLOW-UP <input type="checkbox"/> PRE-OPERATIONAL <input type="checkbox"/> COMPLAINT |
| | | | 07 | 12 | 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 | | | |
| <input checked="" type="checkbox"/> c. Hands washed as needed | | g. Preventing food contamination from bare hands | | 11. TESTING DEVICES | | | |
| d. Hygienic practices | | | | 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 | | <input checked="" type="checkbox"/> f. Temperature control equipment - food thermometer (probe type) | | cock | | | |
| b. Rapidly reheat to 165°F or greater | | g. Temperature control equipment - adequate equipment to maintain food temperatures | | 12. CLEANING OF EQUIPMENT AND UTENSILS | | | |
| c. Hot hold at 135°F or greater | | | | a. Food-contact surfaces | | c. Dishwashing operations | |
| d. Required cooking temperature | | | | b. Nonfood-contact surfaces | | d. Wiping cloths | |
| <input checked="" type="checkbox"/> e. Cold hold at 41°F or less | | | | 13. UTENSILS, SINGLE-SERVICE ARTICLES | | | |
| 04. SANITIZATION RINSE | | | | a. Utensils provided, used, stored | | | |
| | Temperature | Concentration | Exposure | b. Single-service articles stored, dispensed, used | | c. No reuse of single-service articles | |
| a. Manual | _____ | _____ | _____ | 14. PHYSICAL FACILITIES | | | |
| b. Mechanical | _____ | _____ | _____ | a. Plumbing: installed, maintained | | f. Locker rooms | |
| c. In-Place | _____ | _____ | _____ | b. Garbage and refuse | | g. Premises maintained | |
| Sanitizer: Chlorine | _____ | Quaternary Ammonium | Other: _____ | c. Floors, walls, ceilings | | h. Separation of living, laundry | |
| 05. WATER, SEWAGE, PLUMBING SYSTEMS | | | | d. Lighting | | i. Restroom facilities | |
| a. Safe water source | | d. Sewage disposal | | e. Ventilation | | | |
| <input checked="" type="checkbox"/> b. Hot and cold water under pressure | | | | 15. OTHER OPERATIONS | | | |
| c. Backflow, back_siphonage | | | | a. Personnel: clean clothes, hair restraints, authorized | | b. Linen properly stored | |
| 06. HANDWASHING AND TOILET FACILITIES | | | | Recommended Regulatory Action (s) | | | |
| a. Adequate number, location | | c. Soap and drying devices | | <input type="checkbox"/> 1 st Notification of Non-Compliance | | | |
| b. Accessible | | | | <input type="checkbox"/> Additional Notification of Non-Compliance | | | |
| 07. PEST CONTROL | | | | <input type="checkbox"/> Notice of Civil Penalty | | | |
| a. Evidence of insects or rodents | | c. Animals prohibited | | <input type="checkbox"/> Final Order of Civil Penalty | | | |
| b. Pesticide application | | | | <input type="checkbox"/> Revocation/License Suspension | | | |
| 08. POISONOUS OR TOXIC ITEMS | | | | On-site Regulatory Actions | | | |
| a. Properly stored | | c. Properly used | | <input type="checkbox"/> Voluntary Closure | | | |
| b. Properly labeled | | | | <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:

Colorado Department of Public Health and Environment

Retail Food Inspection Report

Items described below identify violations to be corrected as indicated by the regulatory authority. Failure to comply may result in further action by the regulatory authority.

| | | | |
|--------------------------------------|---------------------------|-------------------------|--------------------------------------|
| Establishment Raft Masters | City CANON CITY | Firm ID 11047 | Date (mm/dd/yy) 07/12/2010 |
|--------------------------------------|---------------------------|-------------------------|--------------------------------------|

| Item # | Remarks | Method of/for Correction | Corrected by (MM/DD/YY) |
|----------------------------------|--|--------------------------------------|-------------------------|
| 02 c | OUTDOOR GRILL AREA-Employees can't properly wash hands without hot and cold or warm tempered water from the portable handsink. | | 06/24/2010 |
| 02 c | Violation 02c originally cited on 06/14/2010 was verified as corrected during an on-site follow-up inspection on 07/12/2010. | Correction Verified During Follow-up | |
| 03 e | Violation 03e originally cited on 06/14/2010 was verified as corrected during an on-site follow-up inspection on 07/12/2010. | Correction Verified During Follow-up | |
| 03 e | OUTDOOR GRILL AREA-Some of the items on ice for customer self-service (sliced ham, sliced turkey, pepperoni and sliced melons) are not stuck down into the ice up to the level of the food in the container. | | 06/24/2010 |
| 03 f | OUTDOOR GRILL AREA-The food thermometer used in the grill area for hamburgers does not have a thin probe tip. | | 06/24/2010 |
| 03 f | Violation 03f originally cited on 06/14/2010 was verified as corrected during an on-site follow-up inspection on 07/12/2010. The burgers are pre-cooked and held hot in au jus, then quickly grilled to order, a thin-probe thermometer is not required. | Correction Verified During Follow-up | |
| 05 b | OUTDOOR GRILL AREA-No hot water at the portable handsink in the grill area, cold water only from the hose faucet. Hot and cold water or tempered water (hot and cold mixed to at least 90 Deg.F) is required at this handsink, the handsink inside in the kitchen does not count as the handsink for this outdoor food preparation area. | | 06/24/2010 |
| 05 b | Violation 05b originally cited on 06/14/2010 was verified as corrected during an on-site follow-up inspection on 07/12/2010. A Temp-Events type unit has been set up in the grill area. | Correction Verified During Follow-up | |
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| Comments | | | |
| Environmental Health Specialist: | | Received by: | |

Method of/for Correction

Corrected On Site (COS): CIVCS: Follow-Up (F/U): Compliance Agreement (CA):