



Colorado Department of Public Health and Environment

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Colorado Department of Public Health and Environment

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License #: 42-60586-0000

ESTABLISHMENT CATERED CREATIONS					OWNER NAME CINDY COX			
ADDRESS 600 W 3RD ST FLORENCE CO						ZIP 81226		
COUNTY	FIRM ID	INSPECTOR ID	DATE			TRAVEL TIME	INSPECT TIME	TYPE <input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> FOLLOW-UP <input type="checkbox"/> PRE-OPERATIONAL <input type="checkbox"/> COMPLAINT
22	11551	259	MONTH 08	DAY 20	YEAR 10	100	30	

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	10. EQUIPMENT DESIGN, CONSTRUCTION	
02. PERSONNEL		11. TESTING DEVICES	
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 from bare hands	12. CLEANING OF EQUIPMENT AND UTENSILS	
d. Hygienic practices		a. Refrigeration units provided with accurate, conspicuous thermometer	<input checked="" type="checkbox"/> 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	e. Cold hold at 41°F or less	13. UTENSILS, SINGLE-SERVICE ARTICLES	
b. Rapidly reheat to 165°F or greater	<input checked="" type="checkbox"/> f. Temperature control equipment - food thermometer (probe type)	a. Utensils provided, used, stored	c. No reuse of single-service articles
c. Hot hold at 135°F or greater	g. Temperature control equipment - adequate equipment to maintain food temperatures	b. Single-service articles stored, dispensed, used	
d. Required cooking temperature		14. PHYSICAL FACILITIES	
04. SANITIZATION RINSE		15. OTHER OPERATIONS	
	<u>Temperature</u>	<u>Concentration</u>	<u>Exposure</u>
a. Manual	_____	_____	_____
b. Mechanical	_____	_____	_____
c. In-Place	_____	_____	_____
Sanitizer: Chlorine	Quaternary Ammonium	Other:	
05. WATER, SEWAGE, PLUMBING SYSTEMS			
a. Safe water source	c. Backflow, back_siphonage	a. Personnel: clean clothes, hair	
b. Hot and cold water under pressure	d. Sewage disposal	b. Linen properly stored	
06. HANDWASHING AND TOILET FACILITIES			
a. Adequate number, location	<input checked="" type="checkbox"/> c. Soap and drying devices	Recommended Regulatory Action (s)	
b. Accessible		<input type="checkbox"/> 1 st Notification of Non-Compliance	
07. PEST CONTROL			
a. Evidence of insects or rodents	c. Animals prohibited	<input type="checkbox"/> Additional Notification of Non-Compliance	
b. Pesticide application		<input type="checkbox"/> Notice of Civil Penalty	
08. POISONOUS OR TOXIC ITEMS			
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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