



**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 #: 41-68613-0003

ESTABLISHMENT <b>COYOTE'S COFFEE DEN (PCC)</b>					OWNER NAME <b>COYOTE'S COFFEE CANON, INC.</b>			
ADDRESS <b>51320 W HWY 50 CANON CITY CO</b>						ZIP <b>81212</b>		
COUNTY	FIRM ID	INSPECTOR ID	DATE			TRAVEL TIME	INSPECT TIME	TYPE
22	11689	259	MONTH	DAY	YEAR	0	0	<input type="checkbox"/> REGULAR <input checked="" type="checkbox"/> FOLLOW-UP <input type="checkbox"/> PRE-OPERATIONAL <input type="checkbox"/> COMPLAINT
			03	15	11			

**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>2. PERSONNEL</b>		<b>10. EQUIPMENT DESIGN, CONSTRUCTION</b>	
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	<b>11. TESTING DEVICES</b>	
d. Hygienic practices		a. Refrigeration units provided with accurate, conspicuous thermometer	c. Chemical test kits provided, accessible
<b>3. FOOD TEMPERATURE CONTROL</b>		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	<b>12. CLEANING OF EQUIPMENT AND UTENSILS</b>	
b. Rapidly reheat to 165°F or greater	f. Temperature control equipment - food thermometer (probe type)	a. Food-contact surfaces	c. Dishwashing operations
c. Hot hold at 135°F or greater	g. Temperature control equipment - adequate equipment to maintain food temperatures	b. Nonfood-contact surfaces	d. Wiping cloths
d. Required cooking temperature		<b>13. UTENSILS, SINGLE-SERVICE ARTICLES</b>	
<b>4. SANITIZATION RINSE</b>		a. Utensils provided, used, stored	c. No reuse of single-service articles
	<u>Temperature</u>	<u>Concentration</u>	<u>Exposure</u>
a. Manual	_____	_____	_____
b. Mechanical	_____	_____	_____
c. In-Place	_____	_____	_____
Sanitizer: Chlorine	Quaternary Ammonium	Other:	
<b>5. WATER, SEWAGE, PLUMBING SYSTEMS</b>		<b>14. PHYSICAL FACILITIES</b>	
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	g. Premises maintained
<b>6. HANDWASHING AND TOILET FACILITIES</b>		c. Floors, walls, ceilings	h. Separation of living, laundry
a. Adequate number, location	<input checked="" type="checkbox"/> c. Soap and drying devices	d. Lighting	i. Restroom facilities
<input checked="" type="checkbox"/> b. Accessible		e. Ventilation	
<b>7. PEST CONTROL</b>		<b>15. OTHER OPERATIONS</b>	
a. Evidence of insects or rodents	c. Animals prohibited	a. Personnel: clean clothes, hair restraints, authorized	b. Linen properly stored
b. Pesticide application		<b>Recommended Regulatory Action (s)</b>	
<b>8. POISONOUS OR TOXIC ITEMS</b>		<input type="checkbox"/> 1 <sup>st</sup> Notification of Non-Compliance	
a. Properly stored	c. Properly used	<input type="checkbox"/> Additional Notification of Non-Compliance	
b. Properly labeled		<input type="checkbox"/> Notice of Civil Penalty	
		<input type="checkbox"/> Final Order of Civil Penalty	
		<input type="checkbox"/> Revocation/License Suspension	
		<b>On-site Regulatory Actions</b>	
		<input type="checkbox"/> Voluntary Closure	
		<input type="checkbox"/> Embargo Notice	
		<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 type="checkbox"/> HACCP Study	
		<input type="checkbox"/> Announced Inspection	
		<input type="checkbox"/> FDA Documented Inspection	
ENVIRONMENTAL HEALTH SPECIALIST:		RECEIVED BY:	

Form RF001-1\_revH\_InspectionReport\_0506

CIVCS:  Yes  No

On-site Follow-Up:  Yes  No

