



Colorado Department of Public Health and Environment
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Page 1 of 2
 License #: 06-12947-0000

ESTABLISHMENT GASAMAT					OWNER NAME THE CIGARETTE STORE CORP.			
ADDRESS 1525 GREENWOOD AVE CANON CITY CO					ZIP 81212			
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	12881	259	MONTH	DAY	YEAR	5	35	
			05	18	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.

Red - Critical Items: These items related directly to foodborne illness.			
1. FOOD SOURCE		9. 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		
2. 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	
c. Hands washed as needed	g. Preventing food contamination	11. TESTING DEVICES	
d. Hygienic practices	from bare hands	a. Refrigeration units provided with accurate, conspicuous thermometer	<input checked="" type="checkbox"/> c. Chemical test kits provided, accessible
3. FOOD TEMPERATURE CONTROL		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	12. CLEANING OF EQUIPMENT AND UTENSILS	
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		13. UTENSILS, SINGLE-SERVICE ARTICLES	
4. SANITIZATION RINSE		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: _____			
5. WATER, SEWAGE, PLUMBING SYSTEMS		14. PHYSICAL FACILITIES	
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
6. HANDWASHING AND TOILET FACILITIES		<input checked="" type="checkbox"/> c. Floors, walls, ceilings	h. Separation of living, laundry
a. Adequate number, location	<input checked="" type="checkbox"/> c. Soap and drying devices	<input checked="" type="checkbox"/> d. Lighting	i. Restroom facilities
b. Accessible		e. Ventilation	
7. PEST CONTROL		15. OTHER OPERATIONS	
a. Evidence of insects or rodents	c. Animals prohibited	a. Personnel: clean clothes, hair restraints, authorized	b. Linen properly stored
b. Pesticide application		Recommended Regulatory Action	
8. POISONOUS OR TOXIC ITEMS		(s)	
a. Properly stored	c. Properly used	<input type="checkbox"/> 1 st Notification of Non-Compliance	
b. Properly labeled		<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	
		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:	

