



Colorado Department of Public Health and Environment

Colorado Department of Public Health and Environment
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Page 1 of 2
 License #: 04-294464-0000

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|---|---------|--------------|-------|-------------------------------------|------|---------------------|--------------|
| ESTABLISHMENT SOUP WAGON, THE | | | | OWNER NAME DANA MCCLELLAN | | | |
| ADDRESS 1020 N 15TH ST CANON CITY CO | | | | | | ZIP 81212 | |
| COUNTY | FIRM ID | INSPECTOR ID | DATE | | | TRAVEL TIME | INSPECT TIME |
| 22 | 93655 | 259 | MONTH | DAY | YEAR | 5 | 15 |
| | | | 06 | 09 | 11 | | |
| TYPE <input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> FOLLOW-UP <input type="checkbox"/> PRE-OPERATIONAL <input type="checkbox"/> COMPLAINT | | | | | | | |

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 from bare hands | | 11. TESTING DEVICES | | | |
| d. Hygienic practices | | | | a. Refrigeration units provided with accurate, conspicuous thermometer | | 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 | | | |
| | | Temperature | | Concentration | | c. No reuse of single-service articles | |
| a. Manual | | _____ | | _____ | | dispensed, used | |
| b. Mechanical | | 160 Deg.F | | _____ | | | |
| 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 | | | | c. Floors, walls, ceilings | | h. Separation of living, laundry | |
| a. Adequate number, location | | c. Soap and drying devices | | 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 | | | |

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| ENVIRONMENTAL HEALTH SPECIALIST: | RECEIVED BY: |
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Form RF001-1_revH_InspectionReport_0506

CIVCS: Yes No

On-site Follow-Up: Yes No

