



Colorado Department
of Public Health
and Environment

COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT
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 License # _____

| | | | | | | | | | |
|---------------|---------|--------------|-------|----------|------------|-----------------------|---------------------|----------|--|
| ESTABLISHMENT | | | | | OWNER NAME | | | | |
| ADDRESS | | | | | | | | ZIP CODE | |
| COUNTY | FIRM ID | INSPECTOR ID | MONTH | DATE DAY | YEAR | TRAVEL TIME (MINUTES) | INSP TIME (MINUTES) | TYPE | |
| | | | | | | | | | |

RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

Categories in "red" indicate "Critical Items" which are provisions of the rules and regulations that, if in noncompliance, are more likely than other violations to contribute to food contamination or illness. Violations categories further indicated with highlighting are Foodborne Illness Risk Factors (FBI) which are violations directly related to causing foodborne illness.

| In | Out | NA | NO | CRITICAL ITEMS | R | Out | NON CRITICAL ITEMS | R | |
|---|-----|----|----|---|---|--|--|---|----|
| 01 FOOD SOURCE | | | | | | 09 FOOD LABELING, FOOD PROTECTION | | | |
| | | | | a. Approved source ^{FBI} | | | a. Original container, properly labeled | | |
| | | | | b. Wholesome, free of spoilage | | | b. Food protected from contamination | | |
| | | | | c. Cross-contamination ^{FBI} | | 10 EQUIPMENT DESIGN, CONSTRUCTION | | | |
| | | | | d. HACCP plan | | | a. Food-contact surfaces | | |
| | | | | e. Date marking | | | b. Non-food contact surfaces | | |
| | | | | f. Consumer Advisory | | | c. Dishwashing facilities | | |
| 02 PERSONNEL | | | | | | 11 TESTING DEVICES | | | |
| | | | | a. Personnel w/ infections restricted ^{FBI} | | | a. Refrigeration units provided with accurate, conspicuous thermometer | | |
| | | | | b. Wounds properly covered | | | b. Dishmachine provided with accurate thermometer & gauge cock | | |
| | | | | c. Hands washed as needed ^{FBI} | | | c. Chemical test kits provided, accessible | | |
| | | | | d. Hygienic Practices ^{FBI} | | 12 CLEANING OF EQUIPMENT & UTENSILS | | | |
| | | | | e. Smoking, eating, drinking | | | a. Food-contact surfaces | | |
| | | | | f. Demonstration of knowledge | | | b. Non-food contact surfaces | | |
| | | | | g. Preventing food contamination from bare hands ^{FBI} | | | c. Dishwashing facilities | | |
| 03 FOOD TEMPERATURE CONTROL | | | | | | | d. Wiping cloths | | |
| | | | | a. Rapidly cool foods to 41°F or less ^{FBI} | | 13 UTENSILS, SINGLE-SERVICE ARTICLES | | | |
| | | | | b. Rapidly reheat to 165°F or greater ^{FBI} | | | a. Utensils provided, used, stored | | |
| | | | | c. Hot hold at 135°F or greater ^{FBI} | | | b. Single service articles stored, used | | |
| | | | | d. Required cooking temperature ^{FBI} | | | c. No re-use of single-service articles | | |
| | | | | e. Cold hold at 41°F or less ^{FBI} | | 14 PHYSICAL FACILITIES | | | |
| | | | | f. Food thermometer (probe-type) | | | a. Plumbing: installed, maintained | | |
| | | | | g. Adequate equipment to maintain food temperatures ^{FBI} | | | b. Garbage and refuse | | |
| 04 SANITATION | | | | | | | c. Floors, walls, ceilings | | |
| | | | | | | | d. Lighting | | |
| | | | | a. Manual | | | e. Ventilation | | |
| | | | | b. Mechanical | | | f. Locker rooms | | |
| | | | | c. In-Place | | | g. Premises maintained | | |
| 05 WATER, SEWAGE, PLUMBING SYSTEMS | | | | | | | h. Separation of living, laundry | | |
| | | | | a. Safe water source | | | i. Restroom facilities | | |
| | | | | b. Hot & cold water under pressure | | 15 OTHER OPERATIONS | | | |
| | | | | c. Backflow, backsiphonage | | | a. Personnel: clean clothes, hair restraints, authorized | | |
| | | | | d. Sewage disposal | | | b. Linen properly stored | | |
| 06 HANDWASHING FACILITIES | | | | | | | KEY: | | |
| | | | | a. Adequate number, location ^{FBI} | | In | Item in compliance w/regulations at the time of inspection | | |
| | | | | b. Accessible ^{FBI} | | Out | Item out of compliance w/regulations at the time of inspection | | |
| | | | | c. Soap & drying devices available ^{FBI} | | NA | (Not Applicable) – This section(s) of the regulation is not performed by the establishment | | |
| 07 PEST CONTROL | | | | | | | NO | (Not Observed) – This section(s) of the regulation was not being performed by the establishment at the time of the inspection | |
| | | | | a. Evidence of insects or rodents | | R | Repeat violation | | |
| | | | | b. Pesticide application | | Compliance Verification Method: | | | |
| | | | | c. Animals prohibited | | CIVCS: | Yes | No | |
| 08 POISONOUS OR TOXIC ITEMS | | | | | | | On-Site Follow Up: | Yes | No |
| | | | | a. Properly stored | | DEHS Form RF001-1_revk.1_HC | | | |
| | | | | b. Properly labeled | | RECEIVED BY: | | | |
| | | | | c. Properly Used | | | | | |

ENVIRONMENTAL HEALTH SPECIALIST:

RECEIVED BY: