

Fremont County Department of Public Health & 201 N 6th St Canon City CO 81212-3303

Time In: 11:00 AM

Time Out: 11:50 AM

FOOD ESTABLISHMENT INSPECTION REPORT

| | | FOOD ESTABLISHMENT INSPECTION REPORT | | | | | | |
|--|--|--|--------------|---|--|--|--|--|
| FACILITY NAME: My Brother's Place OWNER: My Brother's Place Inc | | | | | | | | |
| ADDI | RESS: 625 | Main St Canon City CO 81212-3736 | | | | | | |
| DATE | DATE: 12/16/2021 INSPECTION TYPE: Routine | | | | | | | |
| | FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS | | | | | | | |
| Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health | | | | | | | | |
| interventions are control measures to prevent foodborne illness or injury. | | | | | | | | |
| Compliance status to be designated as IN, OUT, NA, NO for each numbered item | | | | | | | | |
| Co | IN= in comp | the state of the s | at violation | | | | | |
| | mpliance S rvision | tatus | COS | R | | | | |
| 3uper | IN | Person in charge present demonstrates knowledge and performs duties | | | | | | |
| 2 | N/A | Person in charge present, demonstrates knowledge, and performs duties Cartified Food Protection Manager | | | | | | |
| | oyee Health | Certified Food Protection Manager | | | | | | |
| 3 | IN | Management food ampleyee and applificant ampleyee by a later was a political and a second and a second applications and a second applications and a second applications and a second applications are a second applications are a second applications and a second applications are a second applications are a second applications are a second applications are a second applications and a second applications are a | | | | | | |
| 4 | IN | Management, food employee and conditional employee; knowledge, responsibilities and reporting | | | | | | |
| | IN | Proper use of restriction and exclusion | | | | | | |
| 5 Good | | Procedures for responding to vomiting and diarrheal events | | | | | | |
| 6 | Hygienic Pra | | 1 | | | | | |
| 7 | | Proper eating, tasting, drinking, or tobacco use | - | | | | | |
| - | IN | No discharge from eyes, nose, and mouth | | | | | | |
| | | ination by Hands | | | | | | |
| 8 | IN N/A | Hands clean & properly washed | - | | | | | |
| 9 | N/A | No bare hand contact with RFE food or a pre-approved alternative procedure properly allowed | + | | | | | |
| 10 | OUT | Adequate handwashing sinks properly supplied and accessible | | | | | | |
| | oved Source | Food obtained from comment of the co | | | | | | |
| 11 | IN N/O | Food obtained from approved source | _ | | | | | |
| 12 | IN | Food received at proper temperature | | | | | | |
| 13 | N/A | Food in good condition, safe, & unadulterated | | | | | | |
| | ction from Co | Required records available, shellstock tags, parasite destruction | | _ | | | | |
| 15 | N/A | | 1 | | | | | |
| 16 | IN | Food separated and protected Food contact surfaces; cleaned & sanitized | 1 | | | | | |
| 17 | IN | Proper disposition of returned, previously served, reconditioned & unsafe food | 1 | | | | | |
| | | Control for Safety | | | | | | |
| 18 | N/O | Proper cooking time & Temperatures | | | | | | |
| 19 | N/O | Proper cooking time & Temperatures Proper reheating procedures for hot holding | | | | | | |
| 20 | N/A | Proper cooling time and temperature | + + | | | | | |
| 21 | N/A | Proper hot holding temperatures | | | | | | |
| 22 | IN | Proper cold holding temperatures | | | | | | |
| 23 | N/A | Proper date marking and disposition | | | | | | |
| 24 | N/A | Time as a Public Health Control; procedures & records | | | | | | |
| | umer Advisor | | | | | | | |
| 25 | N/A | Consumer advisory provided for raw/undercooked food | T | | | | | |
| | y Susceptible | | | | | | | |
| 26 | N/A | Pasteurized foods used; prohibited foods not offered | | | | | | |
| | - | ves and Toxic Substances | 1 | | | | | |
| 27 | N/A | Food Additives: approved & Properly used | | | | | | |
| 28 | OUT | Toxic substances properly identified, stored & used | $+\times+$ | | | | | |
| The same of the sa | 10000 | Approved Procedures | | | | | | |
| 29 | N/A | Compliance with variance/ specialized process/ HACCP | T | | | | | |
| 29 | 1 W/ /\ | Compilance with variance/ specianzed process/ fracer | | | | | | |

Facility Name: My Brother's Place

| | | | GOOD RETAIL PRACT | ICES | | | | | | |
|---|---|--|---|--------|------------------------------|-----|---------------|--|--|--|
| Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects in foods. | | | | | | | | | | |
| "OU | "OUT" marked in box if numbered item is not in compliance COS= Corrected on Site R= Repeat Violation | | | | | | | | | |
| Co | Compliance Status | | | | | | R | | | |
| Safe | Food and V | Vater | | | | | | | | |
| 30 | | Pasteurized eggs use | d where required | | | | | | | |
| 31 | | Water and ice from a | | | | | | | | |
| 32 | | | | | | | | | | |
| Food | Food Temperature Control | | | | | | | | | |
| 33 | | Proper cooling meth | Proper cooling methods used; adequate equipment for temperature control | | | | | | | |
| 34 | | Plant food properly cooked for hot holding | | | | | | | | |
| 35 | | Approved thawing n | Approved thawing methods used | | | | | | | |
| 36 | | Thermometer provided & accurate | | | | | | | | |
| Food | l Identificat | ion | | | | | | | | |
| 37 | | Food properly labele | d; original container | | | | | | | |
| Prev | ention of Fo | ood Contamination | | | | | | | | |
| 38 | | Insects, rodents, & a | nimals not present | | | | \$2 8 m: s | | | |
| 39 | | Contamination preve | ented during food preparation, storage & | displa | ıy | | | | | |
| 40 | | Personal cleanliness | | - 60 | eline | | | | | |
| 41 | | Wiping Cloths; prop | Wiping Cloths; properly used & stored | | | | | | | |
| 42 | | Washing fruits & vegetables | | | | | | | | |
| Prop | er Use of U | tensils | | | | | | | | |
| 43 | | In-use utensils: properly stored | | | | | | | | |
| 44 | | Utensils, equipment & linens: properly stored, dried, & handled | | | | | | | | |
| 45 | | Single-use/single-ser | Single-use/single-service articles: properly stored & used | | | | | | | |
| 46 | | Gloves used properly | Gloves used properly | | | | | | | |
| Uten | sils, Equipr | nent and Vending | | | | | | | | |
| 47 | | Food & non-food contact surfaces cleanable, properly designed, constructed, & used | | | | | | | | |
| 48 | OUT | Warewashing facilities: installed, maintained, & used; test strips | | | | | 00 | | | |
| 49 | 1 | Non-food contact surfaces clean | | | | | | | | |
| Phys | sical Faciliti | es | | | | | 77 | | | |
| 50 | | Hot & cold water av | ailable; adequate pressure | | | | | | | |
| 51 | | Plumbing installed; | Plumbing installed; proper backflow devices | | | | | | | |
| 52 | | | Sewage & waste water properly disposed | | | | | | | |
| 53 | | Toilet facilities; prop | Toilet facilities; properly constructed, supplied, & cleaned | | | | | | | |
| 54 | | Garbage & refuse properly disposed; facilities maintained | | | | | | | | |
| 55 | | Physical facilities installed, maintained, & clean | | | | | | | | |
| 56 | | Adequate ventilation | & lighting; designated areas used | | | | | | | |
| | | | Regulatory Action | | | 2 | | | | |
| Notification of Potential Fines and Closure | | | Notice of Immediate Closure | | Imminent Health Hazard Closs | ure | | | | |
| On-Site Actions | | | | | | | | | | |
| Voluntary Condemnation Compliance Agreement Embargo Notice | | | | | | | | | | |
| | Resolution | | | | | | | | | |
| Rein | statement of | License | Violation Correction Sheet | | Embargo Release | | 17 | | | |

Person In Charge: Inspector:

Name: Dawn

Name: Amy Jamison

Facility Name: My Brother's Place

Observed Violations (See additional pages if necessary)

10. Adequate handwashing sinks properly supplied and accessible

This is a Core item

6-301.14 - Handwashing Signage

Observation: Handwashing sink utilized by employees is not provided with signage notifying employees to wash their hands. All hand sinks used by employees must have these signs. Signs provided during inspection.

(Corrected on Site)

28. Toxic substances properly identified, stored, and used

This is a Priority Foundation item

7-102.11 - Common Name - Working Containers (Pf)

Observation: Containers of poisonous or toxic materials do not have a common name. Onsite training provided, all in use working containers should have a label. Labels help ensure all staff know what the container is and prevent misuse.

(Corrected on Site)

48. Warewashing facilities: installed, maintained, and used; test strips

This is a Priority Foundation item

4-302.14 - Sanitizer Solutions, Testing Devices Provided (Pf)

Observation: A test kit or other device that accurately measures the concentration of sanitizing solution is not provided. Test strips provided during inspection. Each type of sanitizer used in the facility will require test strips.

(Corrected on Site)

Facility Name: My Brother's Place

| General Comments | | | | | | |
|---|--|--|--|--|--|--|
| GENERAL COMMENTS | | | | | | |
| Score 15=passed. | | | | | | |
| Food service consists of prepackaged commercially made pizza. Slice garnishes for drinks. No food service observed during inspection. Discussed avoiding bare hand contact and dump sink. Facility has two 3-compartment sink and separate hand sink. Use the additional unused 3 compartment sink as dump sink. Another possibility would be to use a bucket to dump in and dump bucket down floor sink or mop sink. | | | | | | |
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| General Comments | | | | | | | |
|-------------------|----------------------------|----------------|--|--|--|--|--|
| FOOD TEMPERATURES | | | | | | | |
| Food Item | Food State | Temperature | | | | | |
| VOLUNTARY CONDEN | MNATION Disposal Method | Value Comments | | | | | |
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