

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

Time In: 02:30 PM

Time Out: 03:06 PM

FOOD ESTABLISHMENT INSPECTION REPORT

| | | FOOD ESTABLISHMENT INSPECTION REPORT | | | | | |
|--|----------------|--|--------------|-----|--|--|--|
| FACI | LITY NAMI | E: Florence Brewing Company OWNER: Florence Brewing Company LLC | | | | | |
| ADDI | RESS: 200 | S Pikes Peak Ave Florence CO 81226 | | | | | |
| DATE | E: 08/10/2 | 021 INSPECTION TYPE: Pre-Operational | | | | | |
| | | FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS | | | | | |
| Risk f | factors are in | aportant practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Put | blic health | | | | |
| interv | entions are c | ontrol measures to prevent foodborne illness or injury. | | | | | |
| | *** . | Compliance status to be designated as IN, OUT, NA, NO for each numbered item | | | | | |
| C | IN= in com | · · | at violation | | | | |
| | mpliance S | Status | COS | R | | | |
| Super | rvision IN | Person in about a present demonstrates brouded as and performs duties | 1 | | | | |
| 2 | IN | Person in charge present, demonstrates knowledge, and performs duties Cartified Food Protection Manager | | | | | |
| | | Certified Food Protection Manager | 25 22 | 100 | | | |
| _ | oyee Health | Management food employee and conditional employee; knowledge, responsibilities and reporting | | | | | |
| 3 | | Management, food employee and conditional employee; knowledge, responsibilities and reporting | | | | | |
| 4 | IN | Proper use of restriction and exclusion | | | | | |
| 5 | | Procedures for responding to vomiting and diarrheal events | | | | | |
| and the last of th | l Hygienic Pr | 7 | | | | | |
| 6 | | Proper eating, tasting, drinking, or tobacco use | - | | | | |
| 7 | ntina Cantan | No discharge from eyes, nose, and mouth | | | | | |
| | nung Coman | nination by Hands | | | | | |
| 8 | | Hands clean & properly washed | - | | | | |
| 9 | IN | No bare hand contact with RFE food or a pre-approved alternative procedure properly allowed | + | | | | |
| 10 | oved Source | Adequate handwashing sinks properly supplied and accessible | 1 | | | | |
| | oved Source | | | | | | |
| 11 | N/O | Food obtained from approved source Food received at proper temperature | - | | | | |
| 13 | 14/0 | Food in good condition, safe, & unadulterated | | | | | |
| 14 | 2 | Required records available, shellstock tags, parasite destruction | 1 | | | | |
| | ction from C | ontamination | - | | | | |
| 15 | onon nom c | Food separated and protected | | | | | |
| 16 | | Food contact surfaces; cleaned & sanitized | | 7 | | | |
| 17 | | Proper disposition of returned, previously served, reconditioned & unsafe food | | | | | |
| | Temperature | Control for Safety | _ | | | | |
| 18 | | Proper cooking time & Temperatures | | | | | |
| 19 | | Proper reheating procedures for hot holding | | | | | |
| 20 | | Proper cooling time and temperature | | | | | |
| 21 | IN | Proper hot holding temperatures | | 5. | | | |
| 22 | IN | Proper cold holding temperatures | | | | | |
| 23 | IN | Proper date marking and disposition | | | | | |
| 24 | | Time as a Public Health Control; procedures & records | | | | | |
| Cons | umer Adviso | | | | | | |
| 25 | N/A | Consumer advisory provided for raw/undercooked food | | | | | |
| Highly | y Susceptible | Populations | | | | | |
| 26 | <u> </u> | Pasteurized foods used; prohibited foods not offered | | | | | |
| Food | /Color Addi | tives and Toxic Substances | | | | | |
| 27 | | Food Additives: approved & Properly used | 23 | | | | |
| 28 | IN | Toxic substances properly identified, stored & used | | | | | |
| Conf | ormance with | Approved Procedures | | | | | |
| | | Compliance with variance/ specialized process/ HACCP | | 1.0 | | | |

Facility Name: Florence Brewing Company

| Coo | d Datail Deast | iosa ara pravantativa n | GOOD RETAIL PRACT | | shamicals, and physical chicats in fac | s da | |
|---------|---------------------|-------------------------|--|---------|--|------|--------|
| | | box if numbered item | neasures to control the addition of pathog | gens, c | COS= Corrected on Site R= R | | lation |
| | mpliance St | | is not in compliance | | COS CONCEICA ON SILC R | COS | R |
| | impliance St | atus | | | | COS | |
| Safe | Food and W | ater | | | | | |
| 30 | | Pasteurized eggs use | d where required | | | | |
| 31 | | Water and ice from a | approved source | | | | 10 |
| 32 | | Variance obtained fo | or specialized processing methods | | | | |
| Food | d Temperatu | re Control | | | | | |
| 33 | | Proper cooling metho | ods used; adequate equipment for temper | ature | control | | |
| 34 | | Plant food properly of | cooked for hot holding | | | | |
| 35 | | Approved thawing m | nethods used | | | | |
| 36 | IN | Thermometer provid | ed & accurate | | | | |
| Food | d Identificati | on | | | | | |
| 37 | | Food properly labele | ed; original container | | | | |
| Prev | ention of Fo | od Contamination | | | | | |
| 38 | | Insects, rodents, & ar | nimals not present | | | | 2 8 |
| 39 | IN | | ented during food preparation, storage & | displa | у | | |
| 40 | IN | Personal cleanliness | | -0-1 | Min. | | 9 |
| 41 | | Wiping Cloths; propo | erly used & stored | | | | |
| 42 | | Washing fruits & veg | | | | | |
| Prop | per Use of Utensils | | | | | | |
| 43 | IN | In-use utensils: prope | erly stored | | | | |
| 44 | IN | | & linens: properly stored, dried, & handl | ed | | | |
| 45 | | | vice articles: properly stored & used | | | | |
| 46 | | Gloves used properly | | | | | |
| | sils, Equipm | ent and Vending | | | | | |
| 47 | IN | | ntact surfaces cleanable, properly design | ed. co | nstructed, & used | | |
| 48 | IN | | ies: installed, maintained, & used; test str | | , | | |
| 49 | IN | Non-food contact sur | | | | | |
| | sical Facilitie | | | | | | |
| 50 | IN | | ailable; adequate pressure | | | | |
| 51 | IN | | proper backflow devices | | | | |
| 52 | IN | | ter properly disposed | | | | |
| 53 | IN | | perly constructed, supplied, & cleaned | | | | |
| 54 | IN | | operly disposed; facilities maintained | | | | |
| 55 | IN | | stalled, maintained, & clean | | | | |
| 56 | IN | | & lighting; designated areas used | | | | 10 12 |
| | | | Regulatory Action | | 5 | | |
| Noti | fication of Po | tential Fines and | Notice of Immediate Closure | | Imminent Health Hazard Closure | - 4 | 9 |
| Closure | | | The state of minicular crosure | | | | |
| | | | On-Site Actions | | | | |
| Volu | ıntary Condei | mnation | Compliance Agreement | | Embargo Notice | | |
| | | | Resolution | | - | | |
| Rein | statement of | License | Violation Correction Sheet | | Embargo Release | | |

Person In Charge:

Inspector:

Name: Karrie Keen

Name: Amy Jamison

Facility Name: Florence Brewing Company Observed Violations (See additional pages if necessary)

Facility Name: Florence Brewing Company

| General Comments |
|---|
| GENERAL COMMENTS |
| |
| Preoperational inspection. |
| All 2021 Fees are paid. License delivered during inspection. Approved to operate. |
| Karrie Keen CFPM 7-29-2021 valid for 5 years. |
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Facility Name: Florence Brewing Company

| General Comments | | | |
|------------------------------|-----------------|-------|-------------|
| FOOD TEMPERATURES | | | |
| Food Item | Food State | | Temperature |
| ambient air temperature cold | Cold Holding | | 38F |
| • | C | | |
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| | | | |
| VOLUNTARY CONDEMN | ΙΛΤΙΩΝ | | |
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| Disposed Items | Disposal Method | Value | Comments |
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