

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

Time In: 03:10 PM

Time Out: 04:50 PM

FOOD ESTABLISHMENT INSPECTION REPORT

| EAC | II ITV NAMI | OWNED CN1 Destaurants 11 C | | | | | | |
|---|--|--|---|------|--|--|--|--|
| FACILITY NAME: Quincys OWNER: CNJ Restaurants, LLC | | | | | | | | |
| ADD | DRESS: 121 | . W Main St Florence CO 81226-1421 | | | | | | |
| DAT | E: 07/29/2 | 021 INSPECTION TYPE: Routine | | | | | | |
| | | FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS | | | | | | |
| | | portant practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Procedures in the contribution of the contributi | ublic health | | | | | |
| inter | ventions are c | ontrol measures to prevent foodborne illness or injury. Compliance status to be designated as IN, OUT, NA, NO for each numbered item | | | | | | |
| | IN= in com | | eat violation | | | | | |
| C | ompliance S | · · · · · · · · · · · · · · · · · · · | COS | R | | | | |
| | rvision | | | | | | | |
| 1 | IN | Person in charge present, demonstrates knowledge, and performs duties | | | | | | |
| 2 | IN | Certified Food Protection Manager | | | | | | |
| | loyee Health | Certifica I ood I fotection Manager | | | | | | |
| 3 | IN | Management, food employee and conditional employee; knowledge, responsibilities and reporting | Management, food employee and conditional employee: knowledge, responsibilities and reporting | | | | | |
| 4 | IN | Proper use of restriction and exclusion | | | | | | |
| 5 | IN | Procedures for responding to vomiting and diarrheal events | | | | | | |
| | d Hygienic Pr | | | | | | | |
| 6 | IN | Proper eating, tasting, drinking, or tobacco use | | | | | | |
| 7 | IN | No discharge from eyes, nose, and mouth | | | | | | |
| Prese | enting Contan | nination by Hands | -17 | | | | | |
| 8 | IN | Hands clean & properly washed | | | | | | |
| 9 | IN | No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed | | | | | | |
| 10 | IN | Adequate handwashing sinks properly supplied and accessible | | | | | | |
| _ | oved Source | | | | | | | |
| 11 | IN | Food obtained from approved source | | | | | | |
| 12 | N/O | Food received at proper temperature | | | | | | |
| 13 | IN | Food in good condition, safe, & unadulterated | | | | | | |
| 14 | N/A | Required records available, shellstock tags, parasite destruction | | | | | | |
| Prote | ection from C | ontamination | | | | | | |
| 15 | IN | Food separated and protected | | | | | | |
| 16 | OUT | Food contact surfaces; cleaned & sanitized | | | | | | |
| 17 | IN | Proper disposition of returned, previously served, reconditioned & unsafe food | | | | | | |
| Time | /Temperature | Control for Safety | | | | | | |
| 18 | IN | Proper cooking time & Temperatures | | | | | | |
| 19 | N/O | Proper reheating procedures for hot holding | | i. | | | | |
| 20 | N/O | Proper cooling time and temperature | | | | | | |
| 21 | N/O | Proper hot holding temperatures | | 9 | | | | |
| 22 | IN | Proper cold holding temperatures | | Si . | | | | |
| 23 | IN | Proper date marking and disposition | | | | | | |
| 24 | N/A | Time as a Public Health Control; procedures & records | | | | | | |
| Cons | sumer Adviso | гу | | | | | | |
| 25 | IN | Consumer advisory provided for raw/undercooked food | | | | | | |
| | | Populations Populations | | | | | | |
| 26 | IN | Pasteurized foods used; prohibited foods not offered | | | | | | |
| | COLUMN TO SERVICE STATE OF THE PERSON NAMED IN COLUMN TO SERVICE STATE OF THE PERSON NAMED STATE OF THE PE | ives and Toxic Substances | | | | | | |
| 27 | IN | Food Additives: approved & Properly used | | | | | | |
| 28 | IN | Toxic substances properly identified, stored & used | | | | | | |
| | | Approved Procedures | | | | | | |
| 29 | N/A | Compliance with variance/ specialized process/ HACCP | | | | | | |

| | | | GOOD RETAIL PRACT | | | | | | | |
|--|---|---|---|--|----------|-------|--|--|--|--|
| | | | 100 m | gens, chemicals, and physical objects in | | 20.00 | | | | |
| | "OUT" marked in box if numbered item is not in compliance COS= Corrected on Site R= Repeat Violation COS R | | | | | | | | | |
| Compliance Status | | | | | | | | | | |
| Safe | Food and W | /ater | | | | 7 | | | | |
| 30 | N/A | Pasteurized eggs used where required | | | | | | | | |
| 31 | IN | | | | | 8 | | | | |
| 32 | N/A | Water and ice from approved source Variance obtained for specialized processing methods | | | | | | | | |
| | 32 N/A Variance obtained for specialized processing methods Food Temperature Control | | | | | | | | | |
| 33 | IN | Proper cooling methods used; adequate equipment for temperature control | | | | | | | | |
| 34 | N/O | Plant food properly co | | | | | | | | |
| 35 | IN | | | | | | | | | |
| 36 | IN | Approved thawing methods used Thermometer provided & accurate | | | | | | | | |
| | l Identificati | | | | | | | | | |
| 37 | IN | Food properly labeled | original container | | | | | | | |
| | ention of Fo | od Contamination | | | | | | | | |
| 38 | IN | Insects, rodents, & ani | mals not present | | | 2 8 | | | | |
| 39 | IN | | ted during food preparation, storage & | display | | | | | | |
| 40 | OUT | Personal cleanliness | | | \times | | | | | |
| 41 | IN | Wiping Cloths; proper | ly used & stored | | | | | | | |
| 42 | IN | Washing fruits & vege | • | | | | | | | |
| | er Use of Ut | | | | | | | | | |
| 43 | IN | In-use utensils: properly stored | | | | | | | | |
| 44 | IN | Utensils, equipment & | linens: properly stored, dried, & hand | led | | | | | | |
| 45 | IN | | ice articles: properly stored & used | | | | | | | |
| 46 | IN | Gloves used properly | | | | | | | | |
| Uten | sils, Equipn | nent and Vending | | | | | | | | |
| 47 | IN | Food & non-food cont | act surfaces cleanable, properly design | ed, constructed, & used | | | | | | |
| 48 | OUT | Warewashing facilities: installed, maintained, & used; test strips | | | | | | | | |
| 49 | IN | Non-food contact surfaces clean | | | | | | | | |
| Phys | sical Facilitie | es | | | | | | | | |
| 50 | IN | Hot & cold water avai | lable; adequate pressure | | | | | | | |
| 51 | IN | Plumbing installed; proper backflow devices | | | | | | | | |
| 52 | IN | Sewage & waste water properly disposed | | | | | | | | |
| 53 | IN | Toilet facilities; properly constructed, supplied, & cleaned | | | | | | | | |
| 54 | IN | Garbage & refuse properly disposed; facilities maintained | | | | | | | | |
| 55 | IN | Physical facilities installed, maintained, & clean | | | | | | | | |
| 56 | IN | Adequate ventilation & | & lighting; designated areas used | | | 36 | | | | |
| | | | Regulatory Action | | | | | | | |
| Notification of Potential Fines and Closure | | | Notice of Immediate Closure | Imminent Health Hazard Closus | re e | | | | | |
| | | | On-Site Actions | | 500 | | | | | |
| Volu | intary Conde | mnation | Compliance Agreement | Embargo Notice | | | | | | |
| | | | Resolution | | | | | | | |
| Reinstatement of License | | | Violation Correction Sheet | Embargo Release | | | | | | |

Person In Charge: Inspector:

Name: Dominic Name: Amy Jamison

Observed Violations (See additional pages if necessary)

16. Food contact surfaces; cleaned and sanitized

This is a Priority item

4-501.114 - Warewashing Equipment, Chemical Sanitization- Temperature, pH, Concentration, and Hardness (P)

Observation: Chlorine sanitizing solution is not between 50-200 ppm along with corresponding pH and temperature.

No detectable sanitizer measured in dish machine. Dish machine ran 3 times and sanitizer primed, final chlorine measured at 100ppm. Ensure sanitizer is primed when sanitizer solution is changed.

(Corrected on Site)

40. Personal cleanliness

This is a Core item

2-303.11 - Prohibition - Jewelry

Observation: Food employees is wearing jewelry on arms and hands. Observed loose bracelet on employee. Discussed during inspection and bracelet was removed. Loose bracelets with ties that hang can harbor bacteria and can contact exposed food.

(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.

Quat sanitizer solution used in bar, no quat test strips are available. Test strips provided during inspection. (Corrected on Site)

| GENERAL COMMENTS Score 25= passed | General Comments | | | | | |
|------------------------------------|------------------|--|--|--|--|--|
| Score 25= passed | | | | | | |
| Source 23— plassed | Score 25- passed | | | | | |
| | Score 25– passed | | | | | |
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| General Comments | | | | | | | |
|------------------|-----------------|----------------|--|--|--|--|--|
| FOOD TEMPERATU | | - | | | | | |
| Food Item | Food State | Temperature | | | | | |
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| VOLUNTARY COND | EMNATION | | | | | | |
| Disposed Items | Disposal Method | Value Comments | | | | | |
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