

Colorado Department of Public Health & Environment 4300 Cherry Creek Drive South Denver, CO 80246 (303) 692-3658 www.colorado.gov/cdphe/dehs

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Business Name/DBA: Owner:																
Add	Address:									City: Perrose County: Express						
Dat	Pate: 12 -9 -3030 Inspection Type: Ro And								Time In: 10-00 am							
Foodborne Illness Risk Factors & 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 is designated as In, Out, NA, or NO for each numbered item.																
and the same	IN: In compliance OUT: Not in compliance NO: Not observed								NA: Not Applicable COS: Corrected On Site R: Repeat Vio							
#	IN	OUT NO	NA	Supervision		cos	R	#	IN	OUT	NO	NA	Protection from (Contamination	COS R	
1	X			Person in charge present, demon & performs duties	strates knowledge			15	W			1	Food separated & p			
2	, \		V	Certified Food Protection Manage	er	1 1	\dashv	16	X				Food contact surface	ces; cleaned & sanitized		
				Employee Health				_	$\langle \cdot \rangle$					of returned, previously served,	\vdash	
3		Management, food employee, & conditional employee; knowledge, responsibilities & reporting						17				-T-0	reconditioned & un	safe food		
4		Proper use of restriction & exclusion		+	$ \parallel$	18			V	1 1110	Proper cooking tim	Control for Safety				
				Processes for responding to vomi		+		19			\wedge	_		rocedures for hot holding	-	
5				events				-	-			\wedge				
6				Good Hygienic Practices Proper eating, tasting, drinking o	r tobacco use	l I	-	20			X		Proper cooling time	e & temperatures		
		-				+		21			X		Proper hot holding	temperatures		
7	5 (c) 12 (c) 2	$\perp \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \!$	D	No discharge from eyes, nose & n			50-55-50-00	22	X				Proper cold holding	g temperatures		
8		V		eventing Contamination by Hands clean & properly washed	Tanus			23	'		X		Proper date markin	ng & disposition		
_		-		No bare hand contact w/ ready-t	n-eat food or an	+	[24					Time as a Public He	ealth Control; procedures &		
9		1	V200000000	alternative procedure allowed									Consumer /	Advisory		
10	X			Adequate handwashing sinks propaccessible	erly supplied &			25				X	Consumer advisory	for raw/undercooked food		
			SOSMAN	Approved Source									Highly Susceptibl			
11				Food obtained from an approved	source		$\perp \mid$ \mid	26				X	offered	sed; prohibited foods not		
12		X		Food received at proper tempera	ture			I.			F	ood/		& Toxic Substances		
13	X			Food in good condition, safe & ur	adulterated		1	27 '	ХЦ					oroved & properly used roperly identified, stored and		
14			X	Required records available: shells parasite destruction	tock tags,			28	X				used			
			<u> </u>	paraste destruction							C	onto		proved Procedures ariance/specialized process/	l I	
						J B		29				\triangle	HACCP	ariance, specialized process,		
				Good Retail Practices are prevent	ative measures to	control	etail P the add	lition	of p	athoge	ens, c	hemi	cals & physical obje	ects into foods.		
#	STATU		f item	is OUT of compliance, and see no	tes in BOLD where	other c	ptions a	are a	llowe STATL	ed.			COS: Corrected			
				Safe Food & Water		1003	IX.	# STATUS COS R								
30	Pasteurized eggs used where required (NA)						43	In-use utensils: properly stored								
31		Water & ice from approved source						44		Utensils, equipment & linens: properly stored, dried & handled						
32	Variance for specialized processing methods (NA)						- 1 ⊢	45		Single-use/single-service articles: properly stored & used						
T		Proper	Cooling	Food Temperature Contro				46 Gloves used properly Utensils, Equipment & Vending								
33		Proper cooling methods used; adequate equipment for temperature control						47	Food & non-food contact surfaces cleanable, properly designed						1 1	
34		Plant food properly cooked for hot holding (NA or NO)						48	Warewashing facilities, installed, maintained & words to the							
35		Approved thawing methods used (NA or NO)			\perp	—	_		str	,	$\perp \perp$					
36	·							49								
37	Food Identification							50	Physical Facilities Hot & cold water available; adequate pressure							
"]	7 Food properly labeled; original container Prevention of Food Contamination						1 1	51		Plumbing installed; proper backflow devices						
8							52		Sewage & waste water properly disposed							
9	Contamination prevented during food prep, storage & display					─ │	53		-	Toilet facilities: properly constructed, supplied & cleaned						
10	Personal cleanliness						54		Garbage & refuse properly disposed; facilities maintained							
11	Wiping Cloths; properly used & stored						— I F	55		Physical facilities installed, maintained & clean						
2	Washing fruits & vegetables							56								
	J Samuel									Adequate ventilation & lighting; designated areas used.						
wn	vner Signature:													Date:		
nspe	ctor S	Signature:	F	mysami		-								Date: 12-10-208	20	
ollo	w-up	Required?	Circl	e one: [XES/NO]		Follo	w-up da	te (o	n or	about)):					
				-												



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RETAIL FOOD ESTABLISHMENT INSPECTION REPORT											
Business Name	DBA: SUGUE D	70-	Owner:								
Address:	- Jun 1	0		City: County:							
Date:	Ir		Time In:		•						
Date: Inspection Type: Time In: Temperature Observations											
	Item/Location	Temp	ltem/Location	Temp	It	em/Location	Temp				
		-									
			Observations and Correc	ctive Actions							
Viol	ations cited in this report m	ust be correc	ted within the time frames ind	icated below, or	as stated in Section	8-405.11 of the Food Co	de				
Violations cited in this report must be corrected within the time frames indicated below, or as stated in Section 8-405.11 of the Food Code Item											
Number											
	NO Food preparation or service at time of										
	inspection										
	TI Specialor.										
	Soft ser	e Zee	e aream ho	s been	s adde	& to the					
720	Soft-serve The cream has been added to the										
	No deficiencies observed, Approved for 2021 RFE license.										
RFE license.											
						-					
					*						
					-						

						T					
Owner Signature:	:					Date:					
Inspector Signatu	re:		Date:								