


Inspection Report Form

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|--|---|---|--------------------------|---------------------------|
|  | City of Albuquerque Environmental Health Dept. Consumer Health Protection Division One Civic Plaza - Room 3023 Albuquerque, NM 87102 PH: (505)768-2600 - Fax: (505)768-2698 | PERMIT CORAL COMMUNITY CHARTER | Date 12/07/2018 | |
| | | RESULT IN COMPLIANCE | Time In 12:42 pm | |
| | | ACTION APPROVED | Time Out 1:15 pm | |
| Facility CORAL COMMUNITY CHARTER | Address 4401 SILVER AV SE | City/State ALBUQUERQUE, NM | Zip Code 87108 | Telephone 5052926725 |
| Permit # PT0144191 | Permit Expiration Date 07/31/2019 | Purpose of Inspection VERY HIGH RISK | Facility ID FA0120291 | Activity No. DAVRQSASO |

PHYSICAL FACILITIES

| | | |
|---------------------------|--|---|
| 53 | Physical facilities installed, maintained, and clean <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> COS | 1 |
| 4-301,401,803, 6-101,102, | | |

Description:
 Observed materials used for walls, floors and ceilings are appropriate, clean, and maintained in good repair. Storage of tools, cleaning supplies, and chemicals according to LAW. No living/sleeping quarters. Proper disposal method for mop water.

Comments:
 OBSERVED FACILITY INADEQUATELY CLEANED, MAINTAINED, OR IN DISREPAIR.

 6-20111 Floors, Walls and Ceilings-Cleanability

 OBSERVED DEBRIS AND SOIL BUILD UP BEHIND THE REFRIGERATOR TIME OF INSPECTION. INSTRUCTED PIC TO CLEAN AND SANITIZE AS NEEDED.

| | | |
|---------------------------|--|---|
| 54 | Adequate ventilation and lighting; designated areas used <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> COS | 1 |
| 4-202,204,301, 6-202,303- | | |

Description:
 Observed and measured that appropriate ventilation and lighting system are designed, installed, and maintained to prevent the accumulation of condensation, grease, or other soil from potentially contaminating food and the surrounding environment. Personal belongings are properly stored to protect food while maintaining the facility in a clean and sanitary manner.

Comments:
 OBSERVED INADEQUATE VENTILATION, LIGHTING, OR STORAGE OF PERSONAL BELONGINGS.

 6-303.11 Intensity-Lighting

 OBSERVED LIGHTING OF INADEQUATE LIGHTING IN THE KITCHEN / TABLE AREA AT THE TIME OF INSPECTION. INSTRUCTED PIC TO HAVE LIGHTING REPAIRED. C H P D WILL GIVE THE FACILITY FIVE BUSINESS DAYS TO HAVE LIGHTING REPAIRED. SEND C H P D A COPY OF THE COMPLETED INVOICE AFTER REPAIRS ARE COMPLETED.

| | | |
|---------|---|---|
| 57 | Were any violations found? <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT | 0 |
| 9-6-1-1 | | |

Description:
 Were any violations found?

Comments:
 VIOLATION(S) AND ASSOCIATED CORRECTION ACTION(S) ARE LISTED ON THIS FORM.

RESULTS IN COMPLIANCE

| Item/Location | Result | Item/Location | Result | Item/Location | Result |
|-----------------------------------|--------|------------------------------|--------|-----------------------------------|--------|
| REACH IN REFRIGERATOR # 2/KITCHEN | 40 F | FREEZER REACH IN # 2/KITCHEN | 9 F | REFRIGERATOR REACH IN # 2/KITCHEN | 38 F |
| FREEZER REACH IN # 1/KITCHEN | 2 F | | | | |

Overall Inspection Comments: SCORE: 212

No Overall Inspection Comments

Person in Charge (Signature)

Anthony Trujillo

Date: 12/07/2018

Inspector: Trujillo, Anthony

Follow-up: Yes No (Circle one) Follow-up Date: