


Inspection Report Form

	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 [REDACTED]	Date 10/31/2020	
		RESULT IN COMPLIANCE	Time In <u>1:00 pm</u>	
		ACTION APPROVED	Time Out <u>1:30 pm</u>	
Facility [REDACTED]	Address [REDACTED]	City/State ALBUQUERQUE, NM	Zip Code [REDACTED]	Telephone [REDACTED]
Permit # PT0044983	Permit Expiration Date 03/31/2021	Purpose of Inspection COVID RESPONSE	Facility ID FA0018988	Activity No. DALUKJ9VU

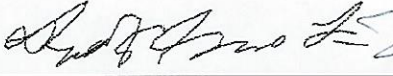
COVID RESPONSE

Facility is following current COVID Safe Practices for cleaning and disinfecting? <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> COS <input type="checkbox"/> N/A	0
Facility is following current COVID Safe Practices for employee mask use? <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> COS <input type="checkbox"/> N/A	0
Facility is following current COVID Safe Practices for exclusion of ill employees? <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> COS <input type="checkbox"/> N/A	0
Facility has appropriate social distancing between tables? <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> COS <input type="checkbox"/> N/A	0
Facility has no bar and counter seating? <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> COS <input type="checkbox"/> N/A	0
Facility has no buffet or self-service stations? <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> COS <input type="checkbox"/> N/A	0
Facility encourages social distancing between customers with markers on the floors? <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> COS <input type="checkbox"/> N/A	0
Facility has signs posted regarding customer mask use? <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> COS <input type="checkbox"/> N/A	0
Facility is following all current Public Health Order guidance for occupancy? <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> COS <input type="checkbox"/> N/A	0
Facility is following all current Public Health Order guidance for extended patio dining? <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> COS <input type="checkbox"/> N/A	0
Facility is COVID Safe Certified? <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> COS <input type="checkbox"/> N/A	0

RESULTS IN COMPLIANCE

No Observations |

Overall Inspection Comments: SCORE: 214
 FACILITY IS FOLLOWING COVID SAFE PRACTICES AT THE TIME OF INSPECTION.

Person in Charge (Signature)  [REDACTED] Date: 10/31/2020

Inspector: Hutchinson, Chris Follow-up: Yes No (Circle one) Follow-up Date: