



Retail Food Establishment Inspection Report part I

As Governed by Title 50, Chapter 50 Montana Code Annotated (MCA) and the Administrative Rules of Montana (ARM): Title 37, Chapter 110, Subchapter 2

Establishment <u>City Brew</u>	No. of Risk Factor/Intervention Violations <u>1</u>	Date <u>6/26/2018</u>
Address <u>2902 Harrison Ave.</u>	No. of Repeat Risk Factor/Intervention Violations <u>0</u>	Time In <u>2:30</u>
City <u>Bozeman MT</u>	County: <u>Silver Bow</u>	Water: City Private <u>Public</u> PWS# <u>Bozeman</u>
Licensee: <u>City Roasting Company LLC</u>	Email: <u>br.Harry@citybrew.com</u>	Wastewater: City Private <u>Public</u> MPDDS# <u>Bozeman</u>
License # <u>F/FL 312877</u>	License Subtype(s): <u>Food Establishment</u>	Current water test Y/N
Purpose of Inspection: Regular <input checked="" type="checkbox"/> Follow-up <input type="checkbox"/> Pre-opening <input type="checkbox"/> Complaint <input type="checkbox"/> Illness <input type="checkbox"/> HACCP <input type="checkbox"/> Investigation <input type="checkbox"/> Other <input type="checkbox"/>		Risk Category <u>1</u> <u>2</u> <u>3</u> <u>4</u>

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item

Mark "X" in appropriate box for COS and/or R

IN=	OUT=	N/O=	N/A=	COS	R	Compliance Status	COS	R
SUPERVISION								
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			1 <input checked="" type="radio"/> IN <input type="radio"/> OUT Person in charge present, demonstrates knowledge, and performs duties		
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			2 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> NA Certified Food Protection Manager		
Employee Health								
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			3 <input checked="" type="radio"/> IN <input type="radio"/> OUT Management, food employee and conditional employee, knowledge, responsibilities and reporting.		
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			4 <input checked="" type="radio"/> IN <input type="radio"/> OUT Proper use of restriction and exclusion		
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			5 <input checked="" type="radio"/> IN <input type="radio"/> OUT Procedures for responding to vomiting and diarrheal events		
Good Hygienic Practices								
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			6 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O Proper eating, tasting, drinking, or tobacco use		
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			7 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O No discharge from eyes, nose, and mouth		
Preventing Contamination by Hands								
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			8 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O Hands clean & properly washed		
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			9 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed		
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			10 <input checked="" type="radio"/> IN <input type="radio"/> OUT Adequate handwashing sinks properly set up & accessible		
Approved Source								
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			11 <input checked="" type="radio"/> IN <input type="radio"/> OUT Food obtained from approved source		
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			12 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Food received at proper temperature		
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			13 <input checked="" type="radio"/> IN <input type="radio"/> OUT Food in good condition, safe, & unadulterated		
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			14 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Required records available: shellstock tags, parasite destruction		
Protection from Contamination Arm								
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			15 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Food separated & protected		
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			16 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A Food-contact surfaces: cleaned & sanitized		
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			17 <input checked="" type="radio"/> IN <input type="radio"/> OUT Proper disposition of returned, previously served, reconditioned, & unsafe food		
Time/Temperature Control for Safety								
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			18 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Proper cooking time & temperatures		
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			19 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Proper reheating procedures for hot holding		
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			20 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Proper cooling time & temperatures		
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			21 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Proper hot holding temperatures		
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			22 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Proper cold holding temperatures		
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			23 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Proper date marking & disposition		
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			24 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Time as a public health control: procedures & records		
Consumer Advisory								
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			25 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A Consumer advisory provided for raw or undercooked foods		
Highly Susceptible Populations								
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			26 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A Pasteurized foods used; prohibited foods not offered		
Food/Color Additives and Toxic Substances								
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			27 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A Food additives: approved & properly used		
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			28 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A Toxic substances properly identified, stored, & used		
Conformance with Approved Procedures								
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			29 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A Compliance with variance/specialized process/HACCP		

Risk factors are improper 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.

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

IN=	OUT=	N/O=	N/A=	COS	R	Compliance Status	COS	R
Safe Food and Water								
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			30 Pasturized eggs used where required		
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			31 Water & ice from approved source		
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			32 Variance obtained for specialized processing methods		
Food Temperature Control								
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			33 Proper cooling methods used; adequate equipment for temperature control		
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			34 Plant food properly cooked for hot holding		
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			35 Approved thawing methods used		
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			36 Thermometers provided & accurate		
Food Identification								
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			37 Food properly labeled; original container		
Prevention of Food Contamination								
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			38 Insects, rodents, & animals not present		
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			39 Contamination prevented during food preparation, storage & display		
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			40 Personal cleanliness		
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			41 <input checked="" type="radio"/> Wiping cloths: properly used & stored		<input checked="" type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			42 Washing fruits & vegetables		
Proper Use of Utensils								
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			43 In-use utensils: properly stored		
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			44 Utensils, equipment & linens: properly stored, dried, & handled		
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			45 Single-use/single-service articles: properly stored & used		
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			46 Gloves used properly		
Utensils, Equipment and Vending								
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			47 Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			48 Warewashing facilities: installed, maintained, & used; test strips		
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			49 Non-food contact surfaces clean		
Physical Facilities								
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			50 Hot & cold water available; adequate pressure		
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			51 Plumbing installed; proper backflow devices		
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			52 Sewage & waste water properly disposed		
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			53 Toilet facilities: properly constructed, supplied, & cleaned		
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			54 Garbage & refuse properly disposed; facilities maintained		
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			55 Physical facilities installed, maintained, & clean		
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			56 Adequate ventilation & lighting; designated areas used		

Person in Charge (Signature) <u>[Signature]</u>	Date: <u>6/26/2018</u>
Inspector (Signature) <u>Stephaniel Moody R.S.</u>	Follow-up: YES <input type="radio"/> NO <input checked="" type="radio"/> (Circle one) Follow-up Date:

