



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>Matt's Place</u>	No. of Risk Factor/Intervention Violations	Date <u>10-25-19</u>
Address <u>2339 Placer</u>	No. of Repeat Risk Factor/Intervention Violations	Time In <u>3:00</u>
City <u>Butte</u> County: <u>Silver Bow</u>	Water: <u>City</u> Private Public PWS#	Time Out <u>3:45</u>
Licensee: <u>Robin Cochran</u> Email: <u>N/A</u>	Wastewater: <u>City</u> Private Public MPDDS#	Risk Category
License # <u>F (FL) 174413</u> License Subtype(s):	Current water test Y/N	1 <u>(2)</u> 3 4
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"/>		

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=in compliance OUT=not in compliance N/O=not observed N/A=not applicable		COS=corrected on-site during inspection R=repeat violation	
Compliance Status		Compliance Status	
SUPERVISION		Time/Temperature Control for Safety	
1 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Person in charge present, demonstrates knowledge, and performs duties	18 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Proper cooking time & temperatures
2 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Certified Food Protection Manager	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
Employee Health		20 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Proper cooling time & temperatures
3 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Management, food employee and conditional employee, knowledge, responsibilities and reporting.	21 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Proper hot holding temperatures
4 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Proper use of restriction and exclusion	22 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Proper cold holding temperatures
5 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Procedures for responding to vomiting and diarrheal events	23 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Proper date marking & disposition
Good Hygienic Practices		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
6 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O	Proper eating, tasting, drinking, or tobacco use	Consumer Advisory	
7 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O	No discharge from eyes, nose, and mouth	25 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Consumer advisory provided for raw or undercooked foods
Preventing Contamination by Hands		Highly Susceptible Populations	
8 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O	Hands clean & properly washed	26 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Pasteurized foods used; prohibited foods not offered
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	Food/Color Additives and Toxic Substances	
10 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Adequate handwashing sinks properly set up & accessible	27 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Food additives: approved & properly used
Approved Source		28 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Toxic substances properly identified, stored, & used
11 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Food obtained from approved source	Conformance with Approved Procedures	
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	29 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Compliance with variance/specialized process/HACCP
13 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Food in good condition, safe, & unadulterated	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.	
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/Air			
15 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Food separated & protected		
16 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Food-contact surfaces: cleaned & sanitized	GOOD RETAIL PRACTICES	
17 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Proper disposition of returned, previously served, reconditioned, & unsafe food	Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.	

GOOD RETAIL PRACTICES			
Mark "X" in box if numbered item is not in compliance		Mark "X" in appropriate box for COS and/or R	
COS=corrected on-site during inspection		R=repeat violation	
Safe Food and Water		Proper Use of Utensils	
30	Pasteurized eggs used where required	43	In-use utensils: properly stored
31	Water & ice from approved source	44	Utensils, equipment & linens: properly stored, dried, & handled
32	Variance obtained for specialized processing methods	45	Single-use/single-service articles: properly stored & used
Food Temperature Control		46	Gloves used properly
33	Proper cooling methods used; adequate equipment for temperature control	Utensils, Equipment and Vending	
34	Plant food properly cooked for hot holding	47	Food & non-food contact surfaces cleanable, properly designed, constructed, & used
35	Approved thawing methods used	48	Warewashing facilities: installed, maintained, & used; test strips
36	Thermometers provided & accurate	49	Non-food contact surfaces clean
Food Identification		Physical Facilities	
37	Food properly labeled; original container	50	Hot & cold water available; adequate pressure
Prevention of Food Contamination		51	Plumbing installed; proper backflow devices
38	Insects, rodents, & animals not present	52	Sewage & waste water properly disposed
39	Contamination prevented during food preparation, storage & display	53	Toilet facilities: properly constructed, supplied, & cleaned
40	Personal cleanliness	54	Garbage & refuse properly disposed; facilities maintained
41	Wiping cloths: properly used & stored	55	Physical facilities installed, maintained, & clean
42	Washing fruits & vegetables	56	Adequate ventilation & lighting; designated areas used
Person In Charge (Signature) <u>[Signature]</u>		Date: <u>10-25-19</u>	
Inspector (Signature) <u>Jenna Fisher, PS</u>		Follow-up: YES NO (Circle one) Follow-up Date:	

Retail Food Establishment Inspection Form part II Page 2 of 2

Establishment	SANITIZER LEVEL	License #
Current License Posted <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	CHEMICAL LOW TEMPERATURE DISH MACHINE	
Certified Food Safety Manager <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	WIPING CLOTH BUCKET	
HIGH TEMPERATURE DISH MACHINE Temperature	SPRAY BOTTLES	
SANITIZER <input checked="" type="checkbox"/> CHLORINE, <input type="checkbox"/> QUATERNARY AMMONIUM, <input type="checkbox"/> IODINE	MANUAL DISHWASHING (3 COMPARTMENT SINK)	

TEMPERATURE OBSERVATIONS					
ITEM	LOCATION	TEMP	ITEM	LOCATION	TEMP
burger	large cooler	51	burger	COOL fridge	43
eggs	large cooler	42			
ranch	large cooler	45			

OBSERVATIONS AND CORRECTIVE ACTIONS

Code Reference	Violations cited in this report must be corrected withing the time frame listed, as stated in 8-405.11.	Correction Date
3-501.16	TCS Cold Holding TCS foods must be held below 41°F to prevent growth of microorganisms. Burger, sauces were observed above 41. PIC says burgers were just prepped & added to refrigerator. PIC turned temp down on unit & will continue to monitor.	
3-501.17	RTE TCS Date marking Any TCS foods prepared in house must bear a date of preparation, counting day 1 as day of prep. Observed ranch, other sauces made in house w/out a date. PIC agreed to date mark TCS foods.	
	note: talked to employees about bare-hand contact & storing food off the floor.	

Person in Charge (Signature) <i>Brad Collier</i>	Date
Inspector (Signature) <i>Jenna Fisher, PS</i>	Date <i>11-25-19</i>