



Wholesale Food Inspection Report

Page ____ of ____

Governed by Montana Code Annotated Title 50, Chapter 57 and Administrative Rules Montana (ARM) Title 37, Chapter 110, Sub-chapter 3.
 Foodborne Illness Risk Factor violations are priority items that should be corrected on-site during the inspection. Failure to comply with any time limits for corrections of critical (priority) item violations may result in cessation of food service operations.

Establishment Summit Valley Bottled Water	No. of Risk Factor Violations	Date 10-25-19
Address 1504 Holmes Ave	No. of Good Wholesale Practice Violations	Time In 9:45
City Butte County Silver-Bow	Water city On-Site System Other	Time Out
Licensee Name Bottled Water Inc.	Wastewater city On-Site System Other	
Establishment Telephone 494-4011	License # m8271	
Purpose of Inspection Routine <input checked="" type="checkbox"/> Follow-up ___ Pre-licensing ___ Complaint ___ Other (specify) ___		

FOODBORNE ILLNESS RISK FACTORS

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		cos	R	Compliance Status		cos	R
Supervision							
1	IN			Food Temperatures, Procedures, Records			
	OUT			18	IN		
	N/A				OUT		
	N/O				N/A		
2	IN			19	IN		
	OUT				OUT		
	N/A				N/A		
	N/O			20	IN		
Employee Health					OUT		
3	IN				N/A		
	OUT				N/O		
4	IN			Notes			
	OUT						
5	IN						
	OUT						
Good Hygienic Practices							
6	IN						
	OUT						
	N/O						
7	IN						
	OUT						
	N/O						
Preventing Contamination by Hands							
8	IN						
	OUT						
	N/O						
9	IN						
	OUT						
	N/A						
	N/O						
10	IN						
	OUT						
Approved Source							
11	IN						
	OUT						
12	IN						
	OUT						
	N/A						
	N/O						
13	IN						
	OUT						
14	IN						
	OUT						
	N/A						
	N/O						
Protection from Contamination							
15	IN						
	OUT						
	N/A						
16	IN						
	OUT						
	N/A						
17	IN						
	OUT						

RISK FACTORS marked OUT are improper practices or procedures identified by CDC as the most prevalent that contribute to foodborne illness or injury.

GOOD MANUFACTURING PRACTICES

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

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

Person in Charge (Signature) <i>Reggie Smith</i>	Date 10-25-19
Inspector (Signature) <i>Julia Fisher, PS</i>	Follow-up Needed YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Follow-up Date