



# 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 Coffee</u>	No. of Risk Factor/Intervention Violations	Date <u>1/30/2019</u>
Address <u>2902 Harrison Ave</u>	No. of Repeat Risk Factor/Intervention Violations	Time In <u>3:00</u>
City <u>Bozeman</u> MT County: <u>Silver Bow</u>	Water: <input checked="" type="radio"/> City Private Public PWS# <u>Bozeman</u>	Time Out <u>3:30</u>
Licensee: <u>City Roasting Company LLC</u> Email: <u>citybrew@whelenad.com</u>	Wastewater: <input checked="" type="radio"/> City Private Public MPDDS# <u>Bozeman</u>	Risk Category
License # <u>F (FL) 312877</u> License Subtype(s): <u>Eating Establishment</u>	Current water test Y/N	1 <input checked="" type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/>
Purpose of Inspection: Regular <input 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		COS		R	
<b>SUPERVISION</b>					
1	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Person in charge present, demonstrates knowledge, and performs duties			
2	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> NA	Certified Food Protection Manager			
<b>Employee Health</b>					
3	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Management, food employee and conditional employee, knowledge, responsibilities and reporting.			
4	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Proper use of restriction and exclusion			
5	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Procedures for responding to vomiting and diarrheal events			
<b>Good Hygienic Practices</b>					
6	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O	Proper eating, tasting, drinking, or tobacco use			
7	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O	No discharge from eyes, nose, and mouth			
<b>Preventing Contamination by Hands</b>					
8	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/O	Hands clean & properly washed			
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			
10	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Adequate handwashing sinks properly set up & accessible			
<b>Approved Source</b>					
11	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Food obtained from approved source			
12	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O	Food received at proper temperature			
13	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Food in good condition, safe, & unadulterated			
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			
<b>Protection from Contamination Air</b>					
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			
17	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Proper disposition of returned, previously served, reconditioned, & unsafe food			

  

Compliance Status		COS		R	
<b>Time/Temperature Control for Safety</b>					
18	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Proper cooking time & temperatures			
19	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O	Proper reheating procedures for hot holding			
20	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Proper cooling time & temperatures			
21	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Proper hot holding temperatures			
22	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Proper cold holding temperatures			
23	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Proper date marking & disposition			
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			
<b>Consumer Advisory</b>					
25	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A	Consumer advisory provided for raw or undercooked foods			
<b>Highly Susceptible Populations</b>					
26	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Pasteurized foods used; prohibited foods not offered			
<b>Food/Color Additives and Toxic Substances</b>					
27	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Food additives: approved & properly used			
28	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Toxic substances properly identified, stored, & used			
<b>Conformance with Approved Procedures</b>					
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.

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

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

Person in Charge (Signature)

*Lisa M. [Signature]*

Date:

1/30/2019

Inspector (Signature)

*Stephane [Signature]*

Follow-up: YES  NO

(Circle one)

Follow-up Date:

