



Wholesale Food Inspection Report

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 <u>Butte Produce & Supply Co.</u>	No. of Risk Factor Violations <u>0</u>	Date <u>7/11/2019</u>
Address <u>3741 Wynne Ave. N. East</u>	No. of Good Wholesale Practice Violations <u>0</u>	Time In <u>11:00</u>
City <u>Butte</u> County <u>Butte/Silver Bow</u>	Water On-Site System <input type="checkbox"/> Other <u>MTCool</u>	Time Out <u>11:20</u>
Licensee Name <u>William Dervalff</u> Email:	Wastewater On-Site System <input type="checkbox"/> Other <u>Butte</u>	
Establishment Telephone	License # <u>FM 303027</u>	
Purpose of Inspection Routine <input checked="" type="checkbox"/> Follow-up <input type="checkbox"/> Pre-licensing <input type="checkbox"/> Complaint <input type="checkbox"/> 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		Compliance Status	
cos	R	cos	R
Supervision			
1	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Person in charge present, demonstrates knowledge, performs duties	
2	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A	Required training for special processing, documentation	
Employee Health			
3	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Management, food workers 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 vomit and diarrhea events	
Good Hygienic Practices			
6	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/O	Proper eating, tasting, drinking, or tobacco use	
7	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/O	No discharge from eyes, nose or mouth	
Preventing Contamination by Hands			
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 checked="" type="radio"/> N/A <input checked="" type="radio"/> N/O	No bare-hand contact with ready-to-eat foods OR pre-approved alternative followed	
10	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Handwashing sinks adequate, accessible, supplied	
Approved Source			
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 checked="" 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 checked="" type="radio"/> N/A <input checked="" type="radio"/> N/O	Required records available: shellstock tags, parasite destruction	
Protection from Contamination			
15	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A	Food separated, protected	
16	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input checked="" 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	
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			
cos		R	
Safe Food and Water			
29	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Pasteurized eggs used where required	
30	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Water, ice from approved source	
31	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Variance obtained when required	
Food Temperature Control			
32	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Proper cooling methods used; adequate equipment for temperature control	
33	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Plant food properly cooked for hot holding	
34	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Approved thawing methods used	
35	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Thermometers provided, accurate	
Food Identification			
36	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Food properly labeled; original container	
Prevention of Food Contamination			
37	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Insects, rodents, animals not present	
38	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Contamination during food preparation, storage, display	
39	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Personal cleanliness	
40	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Wiping cloths: properly used, stored	
41	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Washing fruits, vegetables	
Proper Use of Utensils			
42	<input checked="" type="radio"/> IN <input type="radio"/> OUT	In-use utensils: properly stored	
43	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Utensils, equipment, linens: properly stored, dried, handled	
44	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Single-use/single-service articles: properly stored, used	
45	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Gloves used properly	
Utensils, Equipment and Vending			
46	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Food, non-food contact surfaces: cleanable, properly designed, constructed, used	
47	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Warewashing facilities: installed, maintained, used; Test strip	
48	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Non-food contact surfaces clean	
Physical Facilities			
49	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Hot, cold water available; adequate pressure	
50	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Plumbing installed; proper backflow devices	
51	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Sewage, waste-water properly disposed	
52	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Toilet facilities: properly constructed, supplied, cleaned	
53	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Garbage, refuse properly disposed; facilities maintained	
54	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Physical facilities installed, maintained, clean	
55	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Adequate ventilation, lighting; designated areas used	
RISK FACTORS marked OUT are improper practices or procedures identified by CDC as the most prevalent that contribute to foodborne illness or injury.			

Person in Charge (Signature) <u>Stephane</u>	Date <u>7/11/2019</u>
Inspector (Signature) <u>Stephane Mary R.S.</u>	Follow-up Needed YES <input type="radio"/> NO <input checked="" type="radio"/>
Follow-up Date	

