



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 Melrose Bar | No. of Risk Factor/Intervention Violations | Date 7-26-19 |
| Address 120 main st | No. of Repeat Risk Factor/Intervention Violations 00021 | Time In |
| City Melrose County: Silver-Bay | Water: City Private Public PWS# MT | Time Out |
| Licensee: 312187 Email: melrosebar@jahoo.com | Wastewater: City Private Public MPDDS# | Risk Category |
| License # (F)/FL License Subtype(s): bar | Current water test Y/N | 1 2 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 | | | COS | R | Compliance Status | | | COS | R |
|--|----|-----|-----|---|---|----|-----|-----|-----|
| SUPERVISION | | | | | Time/Temperature Control for Safety | | | | |
| 1 | IN | OUT | | | 18 | IN | OUT | N/A | N/O |
| Person in charge present, demonstrates knowledge, and performs duties | | | | | Proper cooking time & temperatures | | | | |
| 2 | IN | OUT | | | 19 | IN | OUT | N/A | N/O |
| Certified Food Protection Manager | | | | | Proper reheating procedures for hot holding | | | | |
| Employee Health | | | | | Proper cooling time & temperatures | | | | |
| 3 | IN | OUT | | | 20 | IN | OUT | N/A | N/O |
| Management, food employee and conditional employee, knowledge, responsibilities and reporting. | | | | | Proper hot holding temperatures | | | | |
| 4 | IN | OUT | | | 21 | IN | OUT | N/A | N/O |
| Proper use of restriction and exclusion | | | | | Proper cold holding temperatures | | | | |
| 5 | IN | OUT | | | 22 | IN | OUT | N/A | N/O |
| Procedures for responding to vomiting and diarrheal events | | | | | Proper date marking & disposition | | | | |
| Good Hygienic Practices | | | | | Time as a public health control: procedures & records | | | | |
| 6 | IN | OUT | | | Consumer Advisory | | | | |
| Proper eating, tasting, drinking, or tobacco use | | | | | 25 | IN | OUT | N/A | |
| 7 | IN | OUT | | | Consumer advisory provided for raw or undercooked foods | | | | |
| No discharge from eyes, nose, and mouth | | | | | Highly Susceptible Populations | | | | |
| Preventing Contamination by Hands | | | | | 26 | IN | OUT | N/A | |
| 8 | IN | OUT | | | Pasteurized foods used; prohibited foods not offered | | | | |
| Hands clean & properly washed | | | | | Food/Color Additives and Toxic Substances | | | | |
| 9 | IN | OUT | | | 27 | IN | OUT | N/A | |
| No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed | | | | | Food additives: approved & properly used | | | | |
| 10 | IN | OUT | | | 28 | IN | OUT | N/A | |
| Adequate handwashing sinks properly set up & accessible | | | | | Toxic substances properly identified, stored, & used | | | | |
| Approved Source | | | | | Conformance with Approved Procedures | | | | |
| 11 | IN | OUT | | | 29 | IN | OUT | N/A | |
| Food obtained from approved source | | | | | Compliance with variance/specialized process/HACCP | | | | |
| 12 | IN | OUT | | | Protection from Contamination Arm | | | | |
| Food received at proper temperature | | | | | 15 | IN | OUT | N/A | N/O |
| 13 | IN | OUT | | | Food separated & protected | | | | |
| Food in good condition, safe, & unadulterated | | | | | 16 | IN | OUT | N/A | |
| 14 | IN | OUT | | | Food-contact surfaces: cleaned & sanitized | | | | |
| Required records available: shellstock tags, parasite destruction | | | | | 17 | IN | OUT | | |
| Protection from Contamination Arm | | | | | Proper disposition of returned, previously served, reconditioned, & unsafe food | | | | |

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

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

Person in Charge (Signature) *Chelsea Smith*

Date: **7-26-19**

Inspector (Signature) *Jenna Fisher, RS*

Follow-up: YES NO (Circle one)

Follow-up Date:

