



# 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>Schwans Home Services</u>	No. of Risk Factor Violations <u>0</u>	Date <u>9/11/2019</u>
Address <u>105 SO Park Mont</u>	No. of Good Wholesale Practice Violations <u>0</u>	Time In <u>9:50</u>
City <u>Bole</u> County <u>Silver Bow</u>	Water On-Site System <u>Other</u> <u>M100017</u>	Time Out <u>10:00</u>
Licensee Name <u>Schwans</u> Email: <u>markparvinend@schwans.com</u>	Wastewater On-Site System <u>Other</u> <u>Bole</u>	
Establishment Telephone <u>406-491-5410</u>	License # <u>AD 8519</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) <input type="checkbox"/>		

## 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	
IN	OUT	IN	OUT
<b>Supervision</b>			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Person in charge present, demonstrates knowledge, performs duties	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Required training for special processing, documentation	
<b>Employee Health</b>			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Management, food workers knowledge, responsibilities and reporting	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Proper use of restriction and exclusion	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Procedures for responding to vomit and diarrhea events	
<b>Good Hygienic Practices</b>			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco use	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose or mouth	
<b>Preventing Contamination by Hands</b>			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hands clean, properly washed	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	No bare-hand contact with ready-to-eat foods OR pre-approved alternative followed	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Handwashing sinks adequate, accessible, supplied	
<b>Approved Source</b>			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe, unadulterated	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Required records available: shellstock tags, parasite destruction	
<b>Protection from Contamination</b>			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food separated, protected	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned, sanitized	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, unsafe food	
<b>Food Temperatures, Procedures, Records</b>			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Proper COOKING time, temperatures	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Proper RE-HEATING procedures for hot holding	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Proper COOLING time, temperatures	
<b>Notes</b>			
<b>Highly Susceptible Populations</b>			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pasteurized foods used; prohibited foods not offered	
<b>Food Additives, Colors, Toxic Substances</b>			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food additives: approved, properly used	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified, stored, used	
<b>Conformance with Processes, Approved Procedures</b>			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Compliance with HACCP plan, Specialized Processing	

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

Compliance Status		Compliance Status	
IN	OUT	IN	OUT
<b>Safe Food and Water</b>			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Water, ice from approved source	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Variance obtained when required	
<b>Food Temperature Control</b>			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Thermometers provided, accurate	
<b>Food Identification</b>			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	
<b>Prevention of Food Contamination</b>			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, animals not present	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contamination during food preparation, storage, display	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used, stored	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Washing fruits, vegetables	
<b>Proper Use of Utensils</b>			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Utensils, equipment, linens: properly stored, dried, handled	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Single-use/single-service articles: properly stored, used	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gloves used properly	
<b>Utensils, Equipment and Vending</b>			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food, non-food contact surfaces: cleanable, properly designed, constructed, used	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained, used; Test strip	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean	
<b>Physical Facilities</b>			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hot, cold water available; adequate pressure	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sewage, waste-water properly disposed	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, cleaned	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Garbage, refuse properly disposed; facilities maintained	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained, clean	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Adequate ventilation, lighting; designated areas used	

Person in Charge (Signature) <u>Mark Parvin</u>	Date <u>9/11/2019</u>
Inspector (Signature) <u>Stephanie Healy R.S.</u>	Follow-up Needed YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Follow-up Date