Retail Food Establishment Inspection Report part I

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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		**No. of Risk Factor/Intervention Violations**	**Date**
Address		**No. of Repeat Risk Factor/Intervention Violations**	**Time In**
City	**County:**	**Water:** City Private Public PWS#_____	**Time Out**
Licensee:	**Email:**	**Wastewater:** City Private Public MPDDS# _____	**Risk Category**
License # F / FL	**License Subtype(s):**	**Current water test Y/N**	1 2 3 4

Purpose of Inspection: Regular ___ Follow-up ___ Pre-opening ___ Complaint ___ Illness ___ HACCP ___ Investigation ___ Other ___

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
	SUPERVISION			
1	IN OUT	Person in charge present, demonstrates knowledge, and performs duties		
2	IN OUT NA	Certified Food Protection Manager		
	Employee Health			
3	IN OUT	Management, food employee and conditional employee, knowledge, responsibiliites and reporting.		
4	IN OUT	Proper use of restriction and exclusion		
5	IN OUT	Procedures for responding to vomiting and diarrheal events		
	Good Hygienic Practices			
6	IN OUT N/O	Proper eating, tasting, drinking, or tobacco use		
7	IN OUT N/O	No discharge from eyes, nose, and mouth		
	Preventing Contamination by Hands			
8	IN OUT N/O	Hands clean & properly washed		
9	IN OUT N/A N/O	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed		
10	IN OUT	Adequate handwashing sinks properly set up & accessible		
	Approved Source			
11	IN OUT	Food obtained from approved source		
12	IN OUT N/A N/O	Food received at proper temperature		
13	IN OUT	Food in good condition, safe, & unadulterated		
14	IN OUT N/A N/O	Required records available: shellstock tags, parasite destruction		
	Protection from Contamination Arm			
15	IN OUT N/A N/O	Food separated & protected		
16	IN OUT N/A	Food-contact surfaces: cleaned & sanitized		
17	IN OUT	Proper disposition of returned, previously served, reconditioned, & unsafe food		

	Compliance Status		COS	R
	Time/Temperature Control for Safety			
18	IN OUT N/A N/O	Proper cooking time & temperatures		
19	IN OUT N/A N/O	Proper reheating procedures for hot holding		
20	IN OUT N/A N/O	Proper cooling time & temperatures		
21	IN OUT N/A N/O	Proper hot holding temperatures		
22	IN OUT N/A N/O	Proper cold holding temperatures		
23	IN OUT N/A N/O	Proper date marking & disposition		
24	IN OUT N/A N/O	Time as a public health control: procedures & records		
	Consumer Advisory			
25	IN OUT N/A	Consumer advisory provided for raw or undercooked foods		
	Highly Susceptible Populations			
26	IN OUT N/A	Pasteurized foods used; prohibited foods not offered		
	Food/Color Additves and Toxic Substances			
27	IN OUT N/A	Food additives: approved & properly used		
28	IN OUT N/A	Toxic substances properly identified, stored, & used		
	Conformance with Approved Procedures			
29	IN OUT 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

			COS	R
		Safe Food and Water		
30		Pasteurized eggs used where required		
31		Water & ice from approved source		
32		Variance obtained for specialized processing methods		
		Food Temperature Control		
33		Proper cooling methods used; adequate equipment for temperature control		
34		Plant food properly cooked for hot holding		
35		Approved thawing methods used		
36		Thermometers provided & accurate		
		Food Identification		
37		Food properly labeled; original container		
		Prevention of Food Contamination		
38		Insects, rodents, & animals not present		
39		Contamination prevented during food preparation, storage & display		
40		Personal cleanliness		
41		Wiping cloths: properly used & stored		
42		Washing fruits & vegetables		

			COS	R
		Proper Use of Utensils		
43		In-use utensils: properly stored		
44		Utensils, equipment & linens: properly stored, dried, & handled		
45		Single-use/single-service articles: properly stored & used		
46		Gloves used properly		
		Utensils, Equipment and Vending		
47		Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
48		Warewashing facilities: installed, maintained, & used; test strips		
49		Non-food contact surfaces clean		
		Physical Facilities		
50		Hot & cold water available; adequate pressure		
51		Plumbing installed; proper backflow devices		
52		Sewage & waste water properly disposed		
53		Toilet facilities: properly constructed, supplied, & cleaned		
54		Garbage & refuse properly disposed; facilities maintained		
55		Physical facilities installed, maintained, & clean		
56		Adequate ventilation & lighting; designated areas used		

Person in Charge (Signature)		**Date:**
Inspector (Signature)	**Follow-up:** YES NO (Circle one)	**Follow-up Date:**

Retail Food Establishment Inspection Form part II

Establishment	**SANITIZER LEVEL**	**License #**
Current License Posted Y/N	CHEMICAL LOW TEMPERATURE DISH MACHINE	
Certified Food Safety Manager Y / N	WIPING CLOTH BUCKET	
HIGH TEMPERATURE DISHMACHINE Temperature	SPRAY BOTTLES	
SANITIZER: CHLORINE, QUATERNARY AMMONIUM, IODINE	MANUAL DISHWASHING (3 COMPARTMENT SINK)	

TEMPERATURE OBSERVATIONS

ITEM	LOCATION	TEMP	ITEM	LOCATION	TEMP

OBSERVATIONS AND CORRECTIVE ACTIONS

Code Reference	Violations cited in this report must be corrected withing the time frame listed, as stated in 8-405.11.	Correction Date

Person in Charge (Signature) **Date**

Inspector (Signature) **Date**