



# 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 Failure to comply with any time limits for corrections of critical item violations may result in cessation of food service operations." [ARM 37.110.239 (5)]

|  |  |   |
|--|--|---|
| <b>Establishment</b> CINZ  | <b>No. of Risk Factor/Intervention Violations</b> 0        | <b>Date</b> 12-12-2017  |
| <b>Address</b> 301 E MERCURY   | <b>No. of Repeat Risk Factor/Intervention Violations</b> 0 | <b>Time In</b> 03:55:04   |
| <b>City</b> BUTTE <b>County:</b> Silver Bow  | <b>Water:</b> PWS# MT000017                                | <b>Time Out</b> 03:59:48  |
| <b>Licensee:</b> CYNTHIA STARK   | <b>Wastewater:</b> MPDDS#                                  | <b>Risk Category</b>  |
| <b>License #</b> F 12334   | <b>License Types (s):</b> Tavern or Bar                    | Current water test 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> |
| <b>Purpose of Inspection:</b> 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 |
|--|-----|-----|---|
| <b>SUPERVISION</b>                       |     |     |   |
| 1  | IN  |     |   |
| 2  | N/A |     |   |
| <b>Employee Health</b>                   |     |     |   |
| 3  | IN  |     |   |
| 4  | IN  |     |   |
| 5  | IN  |     |   |
| <b>Good Hygienic Practices</b>           |     |     |   |
| 6  | N/O |     |   |
| 7  | IN  |     |   |
| <b>Preventing Contamination by Hands</b> |     |     |   |
| 8  | N/O |     |   |
| 9  | N/O |     |   |
| 10                                       | IN  |     |   |
| <b>Approved Source</b>                   |     |     |   |
| 11                                       | IN  |     |   |
| 12                                       | N/O |     |   |
| 13                                       | IN  |     |   |
| 14                                       | N/A |     |   |
| <b>Protection from Contamination Arm</b> |     |     |   |
| 15                                       | IN  |     |   |
| 16                                       | IN  |     |   |
| 17                                       | IN  |     |   |

| Compliance Status                                  |     | COS | R |
|--|-----|-----|---|
| <b>Potentially Hazardous Food Time/Temperature</b> |     |     |   |
| 18   | N/O |     |   |
| 19   | N/A |     |   |
| 20   | N/A |     |   |
| 21   | N/A |     |   |
| 22   | IN  |     |   |
| 23   | N/A |     |   |
| 24   | N/A |     |   |
| <b>Consumer Advisory</b>                           |     |     |   |
| 25   | N/A |     |   |
| <b>Highly Susceptible Populations</b>              |     |     |   |
| 26   | N/A |     |   |
| <b>Food/Color Additives and Toxic Substances</b>   |     |     |   |
| 27   | N/A |     |   |
| 28   | IN  |     |   |
| <b>Conformance with Approved Procedures</b>        |     |     |   |
| 29   | N/A |     |   |

**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                                      |  |     |   |
| 31                                      |  |     |   |
| 32                                      |  |     |   |
| <b>Food Temperature Control</b>         |  |     |   |
| 33                                      |  |     |   |
| 34                                      |  |     |   |
| 35                                      |  |     |   |
| 36                                      |  |     |   |
| <b>Food Identification</b>              |  |     |   |
| 37                                      |  |     |   |
| <b>Prevention of Food Contamination</b> |  |     |   |
| 38                                      |  |     |   |
| 39                                      |  |     |   |
| 40                                      |  |     |   |
| 41                                      |  |     |   |
| 42                                      |  |     |   |

| Compliance Status                      |  | COS | R |
|--|--|-----|---|
| <b>Proper Use of Utensils</b>          |  |     |   |
| 43                                     |  |     |   |
| 44                                     |  |     |   |
| 45                                     |  |     |   |
| 46                                     |  |     |   |
| <b>Utensils, Equipment and Vending</b> |  |     |   |
| 47                                     |  |     |   |
| 48                                     |  |     |   |
| 49                                     |  |     |   |
| <b>Physical Facilities</b>             |  |     |   |
| 50                                     |  |     |   |
| 51                                     |  |     |   |
| 52                                     |  |     |   |
| 53                                     |  |     |   |
| 54                                     |  |     |   |
| 55                                     |  |     |   |
| 56                                     |  |     |   |

**Person in Charge (Signature)** *Brunny White* **Date:** 12/17

**Inspector (Signature)** *Debi Salminen* **Follow-up:** NO **Follow-up Date:**

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|                                       |                                       |   |
|---------------------------------------|---------------------------------------|---|
| Establishment <b>CINZ</b>             | <b>SANITIZER LEVEL</b>                | <b>License # F 12334</b>                |
|                                       | CHEMICAL LOW TEMPERATURE DISH MACHINE | 0.0                                     |
| Current License Posted ARM 37.110.238 | NO                                    | WIPING CLOTH BUCKET                     |
|                                       |                                       | 0.0                                     |
| Certified Food Safety Manager         | YES                                   | SPRAY BOTTLES                           |
|                                       |                                       | 0.0                                     |
| SANITIZER: CHLORINE,                  |                                       | MANUAL DISHWASHING (3 COMPARTMENT SINK) |
|                                       |                                       | 0.0                                     |

### TEMPERATURE OBSERVATIONS

| Item/Location         | Temp | Item/Location | Temp | Item/Location | Temp |
|-----------------------|------|---------------|------|---------------|------|
| Half & Half, Reach In | 33.0 |               |      |               |      |
|                       |      |               |      |               |      |
|                       |      |               |      |               |      |
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|                       |      |               |      |               |      |
|                       |      |               |      |               |      |
|                       |      |               |      |               |      |

### OBSERVATIONS AND CORRECTIVE ACTIONS

| ARM Code Reference | Violations cited in this report must be corrected withing the time frame listed, or as stated in ARM 37.110.239. | Correction Date |
|--------------------|--|-----------------|
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**Person in Charge (Signature)** *Bruno My White* **Date** 12/17/17  
**Inspector (Signature)** *debi Salminen* **Date** 12/17/17