



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 <i>Culligan Water</i>	No. of Risk Factor Violations	Date <i>6/26/17</i>
Address <i>1006 S. Montana</i>	No. of Good Wholesale Practice Violations	Time In <i>10:15</i>
City <i>Butte</i> County <i>Silver Bow</i>	Water <input checked="" type="checkbox"/> On-Site System Other	Time Out <i>16:23</i>
Licensee Name <i>Mark Howse</i>	Wastewater <input checked="" type="checkbox"/> On-Site System Other	
Establishment Telephone <i>406-782-2200</i>	License # <i>305634</i>	
Purpose of Inspection Routine <input checked="" type="checkbox"/> Follow-up ___ Pre-licensing ___ Complaint ___ 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		cos	R
Supervision			
1 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Person in charge present, demonstrates knowledge, performs duties		
2 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N/A	Required training for special processing, documentation		
Employee Health			
3 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Management, food workers knowledge, responsibilities and reporting		
4 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Proper use of restriction and exclusion		
5 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Procedures for responding to vomit and diarrhea events		
Good Hygienic Practices			
6 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N/O	Proper eating, tasting, drinking, or tobacco use		
7 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N/O	No discharge from eyes, nose or mouth		
Preventing Contamination by Hands			
8 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N/O	Hands clean, properly washed		
9 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N/A N/O	No bare-hand contact with ready-to-eat foods OR pre-approved alternative followed		
10 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Handwashing sinks adequate, accessible, supplied		
Approved Source			
11 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food obtained from approved source		
12 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A N/O	Food received at proper temperature		
13 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food in good condition, safe, unadulterated		
14 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A N/O	Required records available: shellstock tags, parasite destruction		
Protection from Contamination			
15 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N/A	Food separated, protected		
16 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N/A	Food-contact surfaces: cleaned, sanitized		
17 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Proper disposition of returned, previously served, reconditioned, unsafe food		

Compliance Status		cos	R
Food Temperatures, Procedures, Records			
18 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A N/O	Proper COOKING time, temperatures		
19 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A N/O	Proper RE-HEATING procedures for hot holding		
20 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A N/O	Proper COOLING time, temperatures		
Notes			
21 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A N/O	Proper HOT-HOLDING temperatures		
22 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Proper COLD-HOLDING temperatures		
23 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A N/O	Proper date marking, disposal times		
24 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A N/O	Time as public health control: procedures, records		
Highly Susceptible Populations			
25 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Pasteurized foods used; prohibited foods not offered		
Food Additives, Colors, Toxic Substances			
26 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Food additives: approved, properly used		
27 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Toxic substances properly identified, stored, used		
Conformance with Processes, Approved Procedures			
28 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	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		cos	R
Safe Food and Water			
29 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Pasteurized eggs used where required		
30 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Water, ice from approved source		
31 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Variance obtained when required		
Food Temperature Control			
32 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Proper cooling methods used; adequate equipment for temperature control		
33 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Plant food properly cooked for hot holding		
34 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Approved thawing methods used		
35 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Thermometers provided, accurate		
Food Identification			
36 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food properly labeled; original container		
Prevention of Food Contamination			
37 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Insects, rodents, animals not present		
38 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Contamination during food preparation, storage, display		
39 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Personal cleanliness		
40 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Wiping cloths: properly used, stored		
41 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Washing fruits, vegetables		

Compliance Status		cos	R
Proper Use of Utensils			
42 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	In-use utensils: properly stored		
43 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Utensils, equipment, linens: properly stored, dried, handled		
44 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Single-use/single-service articles: properly stored, used		
45 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Gloves used properly		
Utensils, Equipment and Vending			
46 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food, non-food contact surfaces: cleanable, properly designed, constructed, used		
47 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Warewashing facilities: installed, maintained, used; Test strip		
48 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Non-food contact surfaces clean		
Physical Facilities			
49 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Hot, cold water available; adequate pressure		
50 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Plumbing installed; proper backflow devices		
51 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Sewage, waste-water properly disposed		
52 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Toilet facilities: properly constructed, supplied, cleaned		
53 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Garbage, refuse properly disposed; facilities maintained		
54 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Physical facilities installed, maintained, clean		
55 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Adequate ventilation, lighting; designated areas used		

Person in Charge (Signature) <i>Linda Stroop</i>	Date <i>6/26/17</i>
Inspector (Signature) <i>[Signature]</i>	Follow-up Needed YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	Follow-up Date

Wholesale Food Inspection Report Supplement

Page 2 of 2Establishment Eulligan WaterSanitizer Type ChlorineDate ~~7/26/17~~ 6/26/17

Sanitizer Concentration/Hot Water Temp

Address 1006 S. Montana**TEMPERATURE OBSERVATIONS** Types: Hot Hold (HH) Cold Hold (CH) Cooling (CL) Cooking (CK) Re-heating (RH)

Food/Location	Type/Temp	Food/Location	Type/Temp

OBSERVATIONS AND CORRECTIVE ACTIONS

Rule violations cited in this report must be corrected within assigned time frames or may be subject to further enforcement action(s).

Item — ARM

Correct By

NO Violations at time of Inspection 6/26/17Person in Charge (Signature) Lenora StroupDate 6-26-17Inspector (Signature) [Signature] RS