



# 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> FUEL FITNESS	<b>No. of Risk Factor/Intervention Violations</b> 0	<b>Date</b> 4-12-2017
<b>Address</b> 3755 HARRISON AVENUE	<b>No. of Repeat Risk Factor/Intervention Violations</b> 0	<b>Time In</b> 08:44:19
<b>City</b> BUTTE <b>County:</b> Silver Bow	<b>Water:</b> PWS# MT000017	<b>Time Out</b> 08:46:31
<b>Licensee:</b> MIKE BURKS	<b>Wastewater:</b> MPDDS#	<b>Risk Category</b>
<b>License #</b> F 45006	<b>License Types (s):</b> Perishable Food Dealer	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	Compliance Status		COS	R
<b>SUPERVISION</b>							
1	IN			18	N/A		
2	IN			19	N/A		
<b>Employee Health</b>							
3	IN			20	N/A		
4	IN			21	N/A		
5	IN			22	IN		
<b>Good Hygienic Practices</b>							
6	IN			23	IN		
7	IN			24	N/A		
<b>Preventing Contamination by Hands</b>							
8	IN			<b>Consumer Advisory</b>			
9	IN			25	N/A		
10	IN			<b>Highly Susceptible Populations</b>			
<b>Approved Source</b>							
11	IN			26	N/A		
12	N/O			<b>Food/Color Additives and Toxic Substances</b>			
13	IN			27	N/A		
14	N/A			28	IN		
<b>Protection from Contamination Arm</b>							
15	IN			<b>Conformance with Approved Procedures</b>			
16	IN			29	N/A		
17	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	Compliance Status		COS	R
<b>Safe Food and Water</b>							
30				<b>Proper Use of Utensils</b>			
31				43			
32				44			
<b>Food Temperature Control</b>							
33				45			
34				46			
35				<b>Utensils, Equipment and Vending</b>			
36				47			
<b>Food Identification</b>							
37				48			
<b>Prevention of Food Contamination</b>							
38				49			
39				<b>Physical Facilities</b>			
40				50			
41				51			
42				52			
				53			
				54			
				55			
				56			

<b>Person in Charge (Signature)</b>	<b>Date:</b>
<b>Inspector (Signature)</b>	<b>Follow-up:</b> NO <b>Follow-up Date:</b>

# Retail Food Establishment Inspection Form part II

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Establishment FUEL FITNESS	<b>SANITIZER LEVEL</b>	License # F 45006
	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

### OBSERVATIONS AND CORRECTIVE ACTIONS

ARM Code Reference	Violations cited in this report must be corrected within the time frame listed, or as stated in ARM 37.110.239.	Correction Date
note	No violations at time of inspection 4/12/17	4-12-2017

<b>Person in Charge (Signature)</b>	<b>Date</b>
<b>Inspector (Signature)</b>	<b>Date</b>