



# 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>Harrington Bottling</u>	No. of Risk Factor Violations <u>0</u>	Date <u>10/13/16</u>
Address <u>1740 Holmes St.</u>	No. of Good Wholesale Practice Violations <u>0</u>	Time In <u>9:15</u>
City <u>Butte</u> County <u>Silver Bow</u>	Water <u>On-Site System</u> Other	Time Out <u>10:30</u>
Licensee Name <u>Harrington Bottling</u>	Wastewater <u>On-Site System</u> Other <u>City</u>	
Establishment Telephone <u>406-494-3200</u>	License # <u>M2555</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		COS		R		Compliance Status		COS		R	
<b>Supervision</b>											
1	IN	OUT					Person in charge present, demonstrates knowledge, performs duties				
2	IN	OUT	N/A				Required training for special processing, documentation				
<b>Employee Health</b>											
3	IN	OUT					Management, food workers knowledge, responsibilities and reporting				
4	IN	OUT					Proper use of restriction and exclusion				
5	IN	OUT					Procedures for responding to vomit and diarrhea events				
<b>Good Hygienic Practices</b>											
6	IN	OUT	N/O				Proper eating, tasting, drinking, or tobacco use				
7	IN	OUT	N/O				No discharge from eyes, nose or mouth				
<b>Preventing Contamination by Hands</b>											
8	IN	OUT	N/O				Hands clean, properly washed				
9	IN	OUT	N/A	N/O			No bare-hand contact with ready-to-eat foods OR pre-approved alternative followed				
10	IN	OUT					Handwashing sinks adequate, accessible, supplied				
<b>Approved Source</b>											
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				
<b>Protection from Contamination</b>											
15	IN	OUT	N/A				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				
<b>Food Temperatures, Procedures, Records</b>											
18	IN	OUT	N/A	N/O			Proper COOKING time, temperatures				
19	IN	OUT	N/A	N/O			Proper RE-HEATING procedures for hot holding				
20	IN	OUT	N/A	N/O			Proper COOLING time, temperatures				
Notes											
<b>Highly Susceptible Populations</b>											
25	IN	OUT	N/A				Pasteurized foods used; prohibited foods not offered				
<b>Food Additives, Colors, Toxic Substances</b>											
26	IN	OUT	N/A				Food additives: approved, properly used				
27	IN	OUT					Toxic substances properly identified, stored, used				
<b>Conformance with Processes, Approved Procedures</b>											
28	IN	OUT	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		Compliance Status		COS		R	
<b>Safe Food and Water</b>											
29							Pasteurized eggs used where required				
30							Water, ice from approved source				
31							Variance obtained when required				
<b>Food Temperature Control</b>											
32							Proper cooling methods used; adequate equipment for temperature control				
33							Plant food properly cooked for hot holding				
34							Approved thawing methods used				
35							Thermometers provided, accurate				
<b>Food Identification</b>											
36							Food properly labeled; original container				
<b>Prevention of Food Contamination</b>											
37							Insects, rodents, animals not present				
38							Contamination during food preparation, storage, display				
39							Personal cleanliness				
40							Wiping cloths: properly used, stored				
41							Washing fruits, vegetables				
<b>Proper Use of Utensils</b>											
42							In-use utensils: properly stored				
43							Utensils, equipment, linens: properly stored, dried, handled				
44							Single-use/single-service articles: properly stored, used				
45							Gloves used properly				
<b>Utensils, Equipment and Vending</b>											
46							Food, non-food contact surfaces: cleanable, properly designed, constructed, used				
47							Warewashing facilities: installed, maintained, used; Test strip				
48							Non-food contact surfaces clean				
<b>Physical Facilities</b>											
49							Hot, cold water available; adequate pressure				
50							Plumbing installed; proper backflow devices				
51							Sewage, waste-water properly disposed				
52							Toilet facilities: properly constructed, supplied, cleaned				
53							Garbage, refuse properly disposed; facilities maintained				
54							Physical facilities installed, maintained, clean				
55							Adequate ventilation, lighting; designated areas used				

Person in Charge (Signature) <u>[Signature]</u>	Date <u>10/13/16</u>
Inspector (Signature) <u>[Signature]</u>	Follow-up Needed YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	Follow-up Date