



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)]

Establishment	HITCHIN POST, LLC	No. of Risk Factor/Intervention Violations	1	Date	8-10-2016
Address	446 MAIN	No. of Repeat Risk Factor/Intervention Violations	0	Time In	01:57:17
City	MELROSE	County:	Silver Bow	Water:	PWS# MT002143
Licensee:	DEBBIE KEARNS	Wastewater:	MPDDS#	Risk Category	
License #	F 13563	License Types (s):	Eating EstablishmentTavern or Bar	Current water test	1 2 <input checked="" type="checkbox"/> 3 4
Purpose of Inspection:	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

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

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

Compliance Status		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			

Compliance Status		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: NO Follow-up Date:

Retail Food Establishment Inspection Form part II

Establishment HITCHIN POST, LLC	SANITIZER LEVEL	License # F 13563
Current License Posted ARM 37.110.238	NO	
Certified Food Safety Manager	YES	
SANITIZER: CHLORINE,		

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
tomato, prep ref	40.0	cheese, prep ref	40.0	burger, prep ref	41.0
soup, hot hold	165.0	turkey,2 door ref	39.0	sliced onions, salad prep ref	38.0
steak, walk-in	39.0	steak, cooking	191.0	high temp warewasher	168.0

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
2-501.11	Establishment must have purchase a vomiting and diarrhea kit and place it in establishment.	8-10-2016

Person in Charge (Signature) _____ **Date** _____

Inspector (Signature) _____ **Date** _____