



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 KNIGHTS OF COLUMBUS	No. of Risk Factor/Intervention Violations 0	Date 8-30-2016
Address WEST PARK	No. of Repeat Risk Factor/Intervention Violations 0	Time In 04:49:49
City BUTTE County: Silver Bow	Water: PWS# MT000017	Time Out 05:01:47
Licensee: KNIGHTS OF COLUMBUS FN D TN	Wastewater: MPDDS#	Risk Category
License # F 2961	License Types (s): Tavern or Bar <input type="checkbox"/> Current water test <input type="checkbox"/>	1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
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

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	IN		
2	N/A		
Employee Health			
3	IN		
4	IN		
5	IN		
Good Hygienic Practices			
6	IN		
7	IN		
Preventing Contamination by Hands			
8	IN		
9	IN		
10	IN		
Approved Source			
11	IN		
12	N/O		
13	IN		
14	N/A		
Protection from Contamination Arm			
15	IN		
16	IN		
17	N/A		

Compliance Status		COS	R
Potentially Hazardous Food Time/Temperature			
18	N/A		
19	N/A		
20	N/A		
21	N/A		
22	N/A		
23	N/A		
24	N/A		
Consumer Advisory			
25	N/A		
Highly Susceptible Populations			
26	N/A		
Food/Color Additives and Toxic Substances			
27	N/A		
28	IN		
Conformance with Approved Procedures			
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
Safe Food and Water			
30			
31			
32			
Food Temperature Control			
33			
34			
35			
36			
Food Identification			
37			
Prevention of Food Contamination			
38			
39			
40			
41			
42			

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

Person in Charge (Signature) <i>Las Meyers</i>	Date: 30. 16
Inspector (Signature) <i>David Andrew</i>	Follow-up: NO Follow-up Date:

Retail Food Establishment Inspection Form part II

Establishment KNIGHTS OF COLUMBUS	SANITIZER LEVEL	License # F 2961	
	CHEMICAL LOW TEMPERATURE DISH MACHINE		0.0
Current License Posted ARM 37.110.238	YES	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 withing the time frame listed, or as stated in ARM 37.110.239.	Correction Date
note	Microwave, floor drain, and area under sinks need additional cleaning. Make sure this is performed on a regular basis to prevent cross contamination.	

Person in Charge (Signature) *Les Meyer*

Date *8/30/16*

Inspector (Signature) *Anna C. Anderson, AS*

Date *8/30/16*