



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

Establishment <u>Safeway</u>	No. of Risk Factor/Intervention Violations <u>0</u>	Date <u>03/24/17</u>
Address <u>2500 Massachusetts Ave</u>	No. of Repeat Risk Factor/Intervention Violations <u>0</u>	Time In <u>10:00 am</u>
City <u>Butte</u> County: <u>Silver Bow</u>	Water: <u>City</u> Private Public PWS#	Time Out <u>11:45 am</u>
Licensee:	Wastewater: <u>City</u> Private Public MPDDS#	Risk Category
License # <u>F/EL 0312</u> Email: <u>53279090@safeway.com</u>	License Subtype(s):	Current water test Y/N
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"/>		1 2 3 <u>0</u>

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

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

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

		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		
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 <input checked="" type="checkbox"/>	Physical facilities installed, maintained, & clean		
56	Adequate ventilation & lighting; designated areas used		

Person in Charge (Signature) [Signature] Date: 3/24/17
 Inspector (Signature) [Signature] Follow-up: YES NO (Circle one) Follow-up Date: 03/24/18

Retail Food Establishment Inspection Form part II

Establishment Safeway SANITIZER LEVEL License # FL0312
 Current License Posted N CHEMICAL LOW TEMPERATURE DISH MACHINE n/a
 Certified Food Safety Manager / N WIPING CLOTH BUCKET 150 ppm
 HIGH TEMPERATURE DISH MACHINE Temperature 174° SPRAY BOTTLES 150 ppm
 SANITIZER: CHLORINE QUATERNARY AMMONIUM IODINE MANUAL DISHWASHING (3 COMPARTMENT SINK) 200 ppm

TEMPERATURE OBSERVATIONS					
ITEM	LOCATION	TEMP	ITEM	LOCATION	TEMP
<u>Turkey</u>	<u>Deli Case</u>	<u>37°</u>	<u>Chicken Patty</u>	<u>Deli Case</u>	<u>35°</u>
<u>Cooked Chicken</u>	<u>Deli Case</u>	<u>146°</u>	<u>Mashed Potatoes</u>	<u>Deli Case</u>	<u>170°</u>
<u>Fried Chicken</u>	<u>Deli</u>	<u>194°</u>	<u>Ribs</u>	<u>Crab and Go</u>	<u>40°</u>
<u>Shredded Cheese</u>	<u>Retail Food side</u>	<u>37°</u>	<u>Cake</u>	<u>Bakery Display</u>	<u>34°</u>
<u>Raw Beef</u>	<u>Meat Case</u>	<u>34°</u>			

OBSERVATIONS AND CORRECTIVE ACTIONS

Code Reference Violations cited in this report must be corrected withing the time frame listed, as stated in 8-405.11. Correction Date

0-502.12 Observed soda fountain drain to have excessive organic material accumulating. Discussed frequency of cleaning with staff. Facilities must be maintained clean to sight and touch. 03/24/18

Person in Charge (Signature) [Signature] Date 3/24/17
 Inspector (Signature) [Signature] Date 03/24/17