



Montana State Food Warehouse Inspection Form

Establishment ID: 181

Establishment Name: SCHWANS HOME SERVICE INC

Owner Name: SCHWANS HOME SERVICE INC

Address:

Establishment #: FL43626

City BUTTE Zip Code: 59701

Facility Type: MANUFACTURER

Establishment Phone #: 491-4510

Date Inspected: 12/4/2016

The items checked below identify the violations. All violations must be corrected within 10 days

STORAGE CONDITIONS

- 1) Are incoming lots examined
- 2) Are food products stored off floor and away from walls
- 3) Does the firm routinely rotate stock
- 4) Are items damaged while in storage immediately removed
- 5) Does firm maintain a morgue area
- 6) Morgue items disposed of in proper and timely manner
- 7) Fertilizers, toxic chemicals seperated from food storag
- 8) Are rodenticides and insecticiides properly used and stored
- 9) Are refrigerated storage coolers (<45F) and freezers (<0)
- 10) Are cold storage units properly equipped

STORAGE CONDITION-SPECIFIC CONTAMINATION NOTED

- 11) Was evidence of current insect, rodent, bird activity noted
- 12) Were lots of products susceptible to contamination examined

REPACKAGING OPERATIONS

- 13) Are packaging operations conducted under sanitary conditions
- 14) Does facility have appropriate (F-6) license for processing
- 14) Is appropriate bulk container information on retail package

BUILDING AND GROUNDS

- 15) Are outside premises clean
- 16) Building physical condition and sanitary
- 17) Windows screened and loading doors closed when not in use
- 18) Interior lighting sufficient
- 19) Firm has scheduled cleaning and pest control

TRANSPORTATION PRACTICES

- 20) Are food dilvery vehicles clean and in good repair
- 21) Refrigerated Vehicles maintain temperature
- 22) Foodstuffs loaded in same vehicle with toxic material

TOILETS, DRESSING ROOMS, AND EMPLOYEES

- 23) Toilet and dressing rooms in good repair, clean
- 24) Proper handwashing facilities
- 25) Proper water source and wastewater

Comments:

Person in Charge (Signature) Melani

Date: 12-4-17

Inspector (signature) Levi Salminen RS

Date: 12-4-17

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