



# 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)]

<b>Establishment</b> SNO-KONZ	<b>No. of Risk Factor/Intervention Violations</b> 0	<b>Date</b> 11-20-2017
<b>Address</b> 2024 FLORIDA	<b>No. of Repeat Risk Factor/Intervention Violations</b> 0	<b>Time In</b> 10:42:17
<b>City</b> BUTTE <b>County:</b> Silver Bow	<b>Water:</b> PWS# MT000017	<b>Time Out</b> 10:46:27
<b>Licensee:</b> STEPHANIE HASSLER	<b>Wastewater:</b> MPDDS#	<b>Risk Category</b>
<b>License #</b> F 45226	<b>License Types (s):</b> Mobile Food Service <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"/>
<b>Purpose of Inspection:</b> 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	Compliance Status			COS	R
<b>SUPERVISION</b>									
1	IN	Person in charge present, demonstrates knowledge, and performs duties			18	N/A	Proper cooking time & temperatures		
2	N/A	Certified Food Protection Manager			19	N/A	Proper reheating procedures for hot holding		
<b>Employee Health</b>									
3	N/A	Management, food employee and conditional employee, knowledge, responsibilities and reporting			20	N/A	Proper cooling time & temperatures		
4	IN	Proper use of restriction and exclusion			21	N/A	Proper hot holding temperatures		
5	IN	Procedures for responding to vomiting and diarrheal events			22	N/O	Proper cold holding temperatures		
<b>Good Hygienic Practices</b>									
6	N/A	Proper eating, tasting, drinking, or tobacco use			23	N/A	Proper date marking & disposition		
7	IN	No discharge from eyes, nose, and mouth			24	N/A	Time as a public health control: procedures & records		
<b>Preventing Contamination by Hands</b>									
8	IN	Hands clean & properly washed			<b>Consumer Advisory</b>				
9	IN	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed			25	N/A	Consumer advisory provided for raw or undercooked foods		
10	IN	Adequate handwashing sinks properly set up & accessible			<b>Highly Susceptible Populations</b>				
<b>Approved Source</b>									
11	IN	Food obtained from approved source			26	N/A	Pasteurized foods used; prohibited foods not offered		
12	N/O	Food received at proper temperature			<b>Food/Color Additives and Toxic Substances</b>				
13	IN	Food in good condition, safe, & unadulterated			27	N/A	Food additives: approved & properly used		
14	N/A	Required records available: shellstock tags, parasite destruction			28	IN	Toxic substances properly identified, stored, & used		
<b>Protection from Contamination Arm</b>									
15	IN	Food separated & protected			<b>Conformance with Approved Procedures</b>				
16	N/A	Food-contact surfaces: cleaned & sanitized			29	N/A	Compliance with variance/specialized process/HACCP		
17	N/A	Proper disposition of returned, previously served, reconditioned, & unsafe food			<p><b>Risk factors</b> 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.</p>				

## 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	Compliance Status			COS	R
<b>Safe Food and Water</b>									
30		Pasteurized eggs used where required			<b>Proper Use of Utensils</b>				
31		Water & ice from approved source			43		In-use utensils: properly stored		
32		Variance obtained for specialized processing methods			44		Utensils, equipment & linens: properly stored, dried, & handled		
<b>Food Temperature Control</b>									
33		Proper cooling methods used; adequate equipment for temperature control			45		Single-use/single-service articles: properly stored & used		
34		Plant food properly cooked for hot holding			46		Gloves used properly		
35		Approved thawing methods used			<b>Utensils, Equipment and Vending</b>				
36		Thermometers provided & accurate			47		Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
<b>Food Identification</b>									
37		Food properly labeled; original container			48		Warewashing facilities: installed, maintained, & used; test strips		
<b>Prevention of Food Contamination</b>									
38		Insects, rodents, & animals not present			49		Non-food contact surfaces clean		
39		Contamination prevented during food preparation, storage & display			<b>Physical Facilities</b>				
40		Personal cleanliness			50		Hot & cold water available; adequate pressure		
41		Wiping cloths: properly used & stored			51		Plumbing installed; proper backflow devices		
42		Washing fruits & vegetables			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)** *SLA* **Date:** 11-20-17

**Inspector (Signature)** *John Kiser RS* **Follow-up:** NO **Follow-up Date:**

