



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>Taco Del Sol</u>	No. of Risk Factor/Intervention Violations <u>2</u>	Date <u>3/23/17</u>
Address <u>146 W. Park St.</u>	No. of Repeat Risk Factor/Intervention Violations <u>0</u>	Time In <u>4:15 pm</u>
City <u>Butte</u> County: <u>Silver Bow</u>	Water: <u>City</u> Private Public PWS#	Time Out <u>5:15 pm</u>
Licensee: <u>Carrie Rupert</u> Email: <u>N/A</u>	Wastewater: <u>City</u> Private Public MPDDS#	Risk Category
License # <u>F/R 309945</u> License Subtype(s):	Current water test Y/N	1 2 3 <u>4</u>
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	Compliance Status		cos	R
SUPERVISION							
1	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Person in charge present, demonstrates knowledge, and performs duties			18	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Proper cooking time & temperatures
2	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Certified Food Protection Manager			19	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Proper reheating procedures for hot holding
Employee Health							
3	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Management, food employee and conditional employee, knowledge, responsibilities and reporting.			20	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Proper cooling time & temperatures
4	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Proper use of restriction and exclusion			21	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Proper hot holding temperatures
5	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Procedures for responding to vomiting and diarrheal events			22	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Proper cold holding temperatures
Good Hygienic Practices							
6	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O	Proper eating, tasting, drinking, or tobacco use			23	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Proper date marking & disposition
7	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O	No discharge from eyes, nose, and mouth			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
Preventing Contamination by Hands							
8	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O	Hands clean & properly washed			Consumer Advisory		
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			25	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Consumer advisory provided for raw or undercooked foods
10	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Adequate handwashing sinks properly set up & accessible			Highly Susceptible Populations		
Approved Source							
11	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Food obtained from approved source			26	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Pasteurized foods used; prohibited foods not offered
12	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Food received at proper temperature			Food/Color Additives and Toxic Substances		
13	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Food in good condition, safe, & unadulterated			27	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Food additives: approved & properly used
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			28	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Toxic substances properly identified, stored, & used
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			Conformance with Approved Procedures		
16	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Food-contact surfaces: cleaned & sanitized			29	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Compliance with variance/specialized process/HACCP
17	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Proper disposition of returned, previously served, reconditioned, & unsafe food			<p>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.</p>		

GOOD RETAIL PRACTICES

Compliance Status		cos	R	Compliance Status		cos	R
Safe Food and Water							
30	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Pasteurized eggs used where required			Proper Use of Utensils		
31	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Water & ice from approved source			43	<input checked="" type="radio"/> IN <input type="radio"/> OUT	In-use utensils: properly stored
32	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Variance obtained for specialized processing methods			44	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Utensils, equipment & linens: properly stored, dried, & handled
Food Temperature Control							
33	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Proper cooling methods used; adequate equipment for temperature control			45	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Single-use/single-service articles: properly stored & used
34	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Plant food properly cooked for hot holding			46	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Gloves used properly
35	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Approved thawing methods used			Utensils, Equipment and Vending		
36	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Thermometers provided & accurate			47	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Food & non-food contact surfaces cleanable, properly designed, constructed, & used
Food Identification							
37	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Food properly labeled; original container			48	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Warewashing facilities: installed, maintained, & used; test strips
Prevention of Food Contamination							
38	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Insects, rodents, & animals not present			49	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Non-food contact surfaces clean
39	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Contamination prevented during food preparation, storage & display			Physical Facilities		
40	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Personal cleanliness			50	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Hot & cold water available; adequate pressure
41	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Wiping cloths: properly used & stored			51	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Plumbing installed; proper backflow devices
42	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Washing fruits & vegetables			52	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Sewage & waste water properly disposed
Person in Charge (Signature) <u>Carrie Rupert</u>				Date: <u>3/23/17</u>			
Inspector (Signature) <u>Carrie Rupert</u>				Follow-up: <input checked="" type="radio"/> YES <input type="radio"/> NO (Circle one)		Follow-up Date: <u>6/23/17</u>	

