



# 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>          | THRIFTWAY SUPER STOP 5                                                                                                                                                                                                                                                                       | <b>No. of Risk Factor/Intervention Violations</b>        | 1                      | <b>Date</b>          | 3-15-2017                                                                                                              |
| <b>Address</b>                | 901 E FRONT ST                                                                                                                                                                                                                                                                               | <b>No. of Repeat Risk Factor/Intervention Violations</b> | 0                      | <b>Time In</b>       | 11:00:22                                                                                                               |
| <b>City</b>                   | BUTTE                                                                                                                                                                                                                                                                                        | <b>County:</b>                                           | Silver Bow             | <b>Water:</b>        | City PWS# MT000017                                                                                                     |
| <b>Licensee:</b>              | SUTEY OIL COMPANY INC                                                                                                                                                                                                                                                                        | <b>Wastewater:</b>                                       | City MPDDS#            | <b>Time Out</b>      | 11:13:35                                                                                                               |
| <b>License #</b>              | FL 2518                                                                                                                                                                                                                                                                                      | <b>License Types (s):</b>                                | PERISHABLE FOOD DEALER | <b>Risk Category</b> | 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

| Compliance Status                        |     | COS                                                                                            |  | R |  |
|------------------------------------------|-----|------------------------------------------------------------------------------------------------|--|---|--|
| <b>SUPERVISION</b>                       |     |                                                                                                |  |   |  |
| 1                                        | IN  | Person in charge present, demonstrates knowledge, and performs duties                          |  |   |  |
| 2                                        | N/A | Certified Food Protection Manager                                                              |  |   |  |
| <b>Employee Health</b>                   |     |                                                                                                |  |   |  |
| 3                                        | IN  | Management, food employee and conditional employee, knowledge, responsibilities and reporting. |  |   |  |
| 4                                        | IN  | Proper use of restriction and exclusion                                                        |  |   |  |
| 5                                        | IN  | Procedures for responding to vomiting and diarrheal events                                     |  |   |  |
| <b>Good Hygienic Practices</b>           |     |                                                                                                |  |   |  |
| 6                                        | N/O | Proper eating, tasting, drinking, or tobacco use                                               |  |   |  |
| 7                                        | IN  | No discharge from eyes, nose, and mouth                                                        |  |   |  |
| <b>Preventing Contamination by Hands</b> |     |                                                                                                |  |   |  |
| 8                                        | N/O | Hands clean & properly washed                                                                  |  |   |  |
| 9                                        | N/O | No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed    |  |   |  |
| 10                                       | IN  | Adequate handwashing sinks properly set up & accessible                                        |  |   |  |
| <b>Approved Source</b>                   |     |                                                                                                |  |   |  |
| 11                                       | IN  | Food obtained from approved source                                                             |  |   |  |
| 12                                       | N/O | Food received at proper temperature                                                            |  |   |  |
| 13                                       | IN  | Food in good condition, safe, & unadulterated                                                  |  |   |  |
| 14                                       | N/A | Required records available: shellstock tags, parasite destruction                              |  |   |  |
| <b>Protection from Contamination Arm</b> |     |                                                                                                |  |   |  |
| 15                                       | IN  | Food separated & protected                                                                     |  |   |  |
| 16                                       | IN  | Food-contact surfaces: cleaned & sanitized                                                     |  |   |  |
| 17                                       | N/A | Proper disposition of returned, previously served, reconditioned, & unsafe food                |  |   |  |

  

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

| Compliance Status                       |  | COS                                                                     |  | R |  |
|-----------------------------------------|--|-------------------------------------------------------------------------|--|---|--|
| <b>Safe Food and Water</b>              |  |                                                                         |  |   |  |
| 30                                      |  | Pasteurized eggs used where required                                    |  |   |  |
| 31                                      |  | Water & ice from approved source                                        |  |   |  |
| 32                                      |  | Variance obtained for specialized processing methods                    |  |   |  |
| <b>Food Temperature Control</b>         |  |                                                                         |  |   |  |
| 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                                        |  |   |  |
| <b>Food Identification</b>              |  |                                                                         |  |   |  |
| 37                                      |  | Food properly labeled; original container                               |  |   |  |
| <b>Prevention of Food Contamination</b> |  |                                                                         |  |   |  |
| 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                                             |  |   |  |

  

| Compliance Status                      |  | COS                                                                                |  | R |  |
|----------------------------------------|--|------------------------------------------------------------------------------------|--|---|--|
| <b>Proper Use of Utensils</b>          |  |                                                                                    |  |   |  |
| 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                                                               |  |   |  |
| <b>Utensils, Equipment and Vending</b> |  |                                                                                    |  |   |  |
| 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                                                    |  |   |  |
| <b>Physical Facilities</b>             |  |                                                                                    |  |   |  |
| 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                                     |  | Physical facilities installed, maintained, & clean                                 |  |   |  |
| 56                                     |  | Adequate ventilation & lighting; designated areas used                             |  |   |  |

|                                     |                      |                        |         |
|-------------------------------------|----------------------|------------------------|---------|
| <b>Person in Charge (Signature)</b> | <i>Allen Bradley</i> | <b>Date:</b>           | 3/15/17 |
| <b>Inspector (Signature)</b>        | <i>John Holm KE</i>  | <b>Follow-up:</b>      | NO      |
|                                     |                      | <b>Follow-up Date:</b> |         |

