

Retail Food Establishment Inspection Report part I

Page ____ of _2__

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)]

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Establish	ment THRIFTWAY SUPER STOP 6	No. of			of Risk Factor/Intervention Violations				Date 3-	09-20	17		
Address	2401 CONTINENTAL	N	No. of Repeat Risk Factor/Intervention Violations ⁰ Time In 10:2						10:28:0	06			
	BUTTE County: Silver Bow							111110 111					
City	County.	W	ater:			City	PWS#	IVI I UUUU	7 Time Out	10:32:5)4		
Licensee: SUTEY OIL COMPANY INC				wate	r:	City	MPDD	S#	Risk Cate	gory			
License # FL 2580 License Types (s): PERISHABLE FO			DEA	ALER			Current wa	ter test	1 / 2	3 4			
Purpose of Inspection: Regular Follow-up Pre-opening Complaint Illness HACCP Investigation Other													
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS													
				Ι	ODL	LIC HEAL							
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													
		R		Com	pliance St		ining inspection	т п-торош		S R			
	SUPERVISION		Potentially Hazardous Food Time/Temperature										
1 IN	Person in charge present, demonstrates knowledge, and performs duties			18	N/A	F	Proper cooking time	& temperatu	ires				
2 N/A	Certified Food Protection Manager				N/A	F	Proper reheating pro	ocedures for	hot holding				
	Employee Health			-	N/A	F	Proper cooling time	& temperatu	res				
3 IN	Management, food employee and conditional employee, knowledge, responsibiliites and recorting.			-	N/O	F	Proper hot holding to	emperatures					
4 IN	Proper use of restriction and exclusion				IN		Proper cold holding	-			1		
5 IN	Procedures for responding to vomiting and diarrheal events			-	IN_	F	Proper date marking	y & dispositio	n		-		
	Good Hygienic Practices			24	N/A	T	ime as a public health	control: procedu	res & records				
6 IN	Proper eating, tasting, drinking, or tobacco use		-				Consumer	Advisory					
7 IN	No discharge from eyes, nose, and mouth Preventing Contamination by Hands												
8 N/O	Hands clean & properly washed			25	N/A		Consumer advisory undercooked foods	provided for	raw or				
							Highly Susceptibl	e Population	าร		\vdash		
9 N/A	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed					F	Pasteurized foods u	-		\top	Т		
10 IN	Adequate handwashing sinks properly set up & accessible			26	N/A		offered	oca, prombia	54 10045 HOL				
	Approved Source					Food	/Color Additves ar	nd Toxic Sub	stances				
11 IN	Food obtained from approved source			27	N/A	F	ood additives: app	roved & prop	erly used	\top			
12 N/O	Food received at proper temperature			28	N/O	1	Toxic substances pro	perly identifie	d, stored, & us	sed			
13 IN	Food in good condition, safe, & unadulterated					Con	formance with Ap	proved Proc	edures				
14 N/A	Required records available: shellstock tags,			29	N/A		Compliance with var	riance/specia	lized				
14 N/A	parasite destruction				N/A	ŗ	process/HACCP						
	Protection from Contamination Arm			_									
15 IN	Food separated & protected			Risk factors are improper practices or procedures identified as the most									
16 IN	Food-contact surfaces: cleaned & sanitized			prevalent contributing factors of foodborne illness or injury. Public Health			1						
¹⁷ N/O	Proper disposition of returned, previously served,		Interventions are control measures to prevent foodborne illness or injur			injury.							
	reconditioned, & unsafe food GOOD RE	-T A II	I DE	2 ^ C T	ICE.	e							
						_	and physical shi	acta into foods					
Mark "X" in	Good Retail Practices are preventative measures to contro box if numbered item is not in compliance Mark "X" in appropriate					-	cais, and physical objects and physical objects.			t violatic	าท		
Want X III		cos		00 ai	10/01 1	1000	-corrected on one da	ing mopodio	i it-ropou		S R		
	Safe Food and Water						Proper Use of	of Utensils					
30	Pasteurized eggs used where required			43		In-use ute	ensils: properly store			\top	T		
31	Water & ice from approved source			44		Utensils, eq	uipment & linens: prope	erly stored, dried	d, & handled				
32	Variance obtained for specialized processing methods			45		Single-use	e/single-service articl	es: properly s	tored & used				
	Food Temperature Control			46			sed properly						
33	Proper cooling methods used; adequate equipment for						Utensils, Equipme				_		
	temperature control			47			on-food contact sur		ole,				
34	Plant food properly cooked for hot holding						designed, constructe			_			
35	Approved thawing methods used			48			ng facilities: installed, m		ed; test strips	\rightarrow	_		
36	Thermometers provided & accurate			49		Non-food	contact surfaces cl						
07	Food Identification				1		Physical F				-		
37	Food properly labeled; original container			50 51			d water available; a			+	+-		
38	Prevention of Food Contamination			52			installed; proper ba		es	+	+		
39	Insects, rodents, & animals not present		-	53			waste water prope		loonad	+	+		
40	Contamination prevented during food preparation, storage & display Personal cleanliness		\dashv	Tollet radillates. Properly constructed, Supplied, & Sicuriod					+				
41	Wiping cloths: properly used & stored		54 Garbage & refuse properly disposed; facilities maintained 55 Physical facilities installed, maintained, & clean				+	+					
42	Washing fruits & vegetables		1	56			ventilation & lighting				†		
76													
Person in Charge (Signature) Date:													
Inspector	Inspector (Signature) Follow-up: NO Follow-up Date:												
		_	_	_									

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Establishment THRIFTWAY SU		SANITIZER LEVEL	•		License # FL 2580
		CHEMICAL LOW TEMPERATION	JRE DISH MACHINE	0.0	
Current License Posted ARM 37.	110.238 YES	WIPING CLOTH BUCKET		200.0	
Certified Food Safety Manager	YES	SPRAY BOTTLES		0.0	
SANITIZER: QUATERNARY,		MANUAL DISHWASHING (3 C	OMPARTMENT SINK)	0.0	
16 10 42		EMPERATURE OBSE		14 /1	
Item/Location	Temp	Item/Location	Temp	Item/Locat	•
Sandwiches, Cold Hold Island	40.0	Milk, Reach In	40.0	Hamburger, Re	each In 41.0
	OBSER	VATIONS AND CORRI	ECTIVE ACTIO	NS	
ARM Code Violations air					220 Correction Date
Reference	tea in this report must t	e corrected withing the time f	rame listed, or as s	tated in ARIVI 37.110	239. Correction Date
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Parana in Ohan (O)	gen elle			.	3/9/17
Person in Charge (Signature)	2.0	Q D<		Date	2/0//
Inspector (Signature)	m pour	<u> </u>		Date	a <i>5/7/ b /</i>