



Wholesale Food Inspection Report

Governed by Montana Code Annotated Title 50, Chapter 57 and Administrative Rules Montana (ARM) Title 37, Chapter 110, Sub-chapter 3. Foodborne Illness Risk Factor violations are priority items that should be corrected on-site during the inspection. Failure to comply with any time limits for corrections of critical (priority) item violations may result in cessation of food service operations.

Establishment <u>Quarry Brewery</u>	No. of Risk Factor Violations	Date <u>3/8/18</u>
Address <u>124 W. Broadway</u>	No. of Good Wholesale Practice Violations	Time In <u>1:20</u>
City <u>Butte</u> County <u>Silver Bow</u>	Water <u>City</u> On-Site System Other	Time Out <u>1:35</u>
Licensee Name <u>Chuck Schnabel</u>	Wastewater <u>City</u> On-Site System Other	
Establishment Telephone <u>(406) 923-0245</u>	License # <u>303032</u>	
Purpose of Inspection	Routine <input checked="" type="checkbox"/> Follow-up <input type="checkbox"/> Pre-licensing <input type="checkbox"/> Complaint <input type="checkbox"/> Other (specify)	

FOODBORNE ILLNESS RISK FACTORS

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					
Supervision												
1	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Person in charge present, demonstrates knowledge, performs duties			Food Temperatures, Procedures, Records							
2	<input checked="" type="radio"/> IN <input type="radio"/> OUT N/A	Required training for special processing, documentation			18	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A <input type="radio"/> N/O	Proper COOKING time, temperatures					
Employee Health												
3	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Management, food workers knowledge, responsibilities and reporting			19	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A <input type="radio"/> N/O	Proper RE-HEATING procedures for hot holding					
4	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Proper use of restriction and exclusion			20	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A <input type="radio"/> N/O	Proper COOLING time, temperatures					
5	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Procedures for responding to vomit and diarrhea events			Notes							
Good Hygienic Practices												
6	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/O	Proper eating, tasting, drinking, or tobacco use			21	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A <input type="radio"/> N/O	Proper HOT-HOLDING temperatures					
7	<input checked="" type="radio"/> IN <input type="radio"/> OUT N/O	No discharge from eyes, nose or mouth			22	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A	Proper COLD-HOLDING temperatures					
Preventing Contamination by Hands												
8	<input checked="" type="radio"/> IN <input type="radio"/> OUT N/O	Hands clean, properly washed			23	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A <input type="radio"/> N/O	Proper date marking, disposal times					
9	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A <input type="radio"/> N/O	No bare-hand contact with ready-to-eat foods OR pre-approved alternative followed			24	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A <input type="radio"/> N/O	Time as public health control: procedures, records					
10	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Handwashing sinks adequate, accessible, supplied			Highly Susceptible Populations							
Approved Source												
11	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Food obtained from approved source			25	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A	Pasteurized foods used; prohibited foods not offered					
12	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A <input type="radio"/> N/O	Food received at proper temperature			Food Additives, Colors, Toxic Substances							
13	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Food in good condition, safe, unadulterated			26	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A	Food additives: approved, properly used					
14	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A <input type="radio"/> N/O	Required records available: shellstock tags, parasite destruction			27	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Toxic substances properly identified, stored, used					
Protection from Contamination												
15	<input checked="" type="radio"/> IN <input type="radio"/> OUT N/A	Food separated, protected			Conformance with Processes, Approved Procedures							
16	<input checked="" type="radio"/> IN <input type="radio"/> OUT N/A	Food-contact surfaces: cleaned, sanitized			28	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A	Compliance with HACCP plan, Specialized Processing					
17	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Proper disposition of returned, previously served, reconditioned, unsafe food			RISK FACTORS marked OUT are improper practices or procedures identified by CDC as the most prevalent that contribute to foodborne illness or injury.							

GOOD MANUFACTURING PRACTICES

Good Manufacturing 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

		cos	R			cos	R					
Safe Food and Water												
29	<input type="checkbox"/>	Pasteurized eggs used where required			Proper Use of Utensils							
30	<input type="checkbox"/>	Water, ice from approved source			42	<input type="checkbox"/>	In-use utensils: properly stored					
31	<input type="checkbox"/>	Variance obtained when required			43	<input type="checkbox"/>	Utensils, equipment, linens: properly stored, dried, handled					
Food Temperature Control												
32	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control			44	<input type="checkbox"/>	Single-use/single-service articles: properly stored, used					
33	<input type="checkbox"/>	Plant food properly cooked for hot holding			45	<input type="checkbox"/>	Gloves used properly					
34	<input type="checkbox"/>	Approved thawing methods used			Utensils, Equipment and Vending							
35	<input type="checkbox"/>	Thermometers provided, accurate			46	<input type="checkbox"/>	Food, non-food contact surfaces: cleanable, properly designed, constructed, used					
Food Identification												
36	<input type="checkbox"/>	Food properly labeled; original container			47	<input type="checkbox"/>	Warewashing facilities: installed, maintained, used; Test strip					
Prevention of Food Contamination												
37	<input type="checkbox"/>	Insects, rodents, animals not present			48	<input type="checkbox"/>	Non-food contact surfaces clean					
38	<input type="checkbox"/>	Contamination during food preparation, storage, display			Physical Facilities							
39	<input type="checkbox"/>	Personal cleanliness			49	<input type="checkbox"/>	Hot, cold water available; adequate pressure					
40	<input type="checkbox"/>	Wiping cloths: properly used, stored			50	<input type="checkbox"/>	Plumbing installed; proper backflow devices					
41	<input type="checkbox"/>	Washing fruits, vegetables			51	<input type="checkbox"/>	Sewage, waste-water properly disposed					
Person in Charge (Signature) <u>[Signature]</u> Date <u>3/8/18</u>												
Inspector (Signature) <u>[Signature]</u>												
Follow-up Needed YES <input checked="" type="radio"/> NO Follow-up Date												