



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>Bluebird Bar</u>		No. of Risk Factor/Intervention Violations <u>0</u>		Date <u>8/9/2018</u>
Address <u>1306 Grizzly Tr</u>		No. of Repeat Risk Factor/Intervention Violations <u>0</u>		Time In <u>3:00</u>
City <u>Rocky</u>	County: <u>Silver Bow</u>	Water: City Private Public PWS# <u>Butte</u>	Time Out <u>3:20</u>	
Licensee: <u>Nick Blakovich</u>	Email: <u>delaKovich@gmail.com</u>	Wastewater: City Private Public MPDS# <u>Rocky</u>	Risk Category	
License # <u>F7FL 6944</u>	License Subtype(s): <u>Bar & Tavern</u>	Current water test Y/N <u>1</u>	<u>2</u> <u>3</u> <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

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item
 IN=in compliance OUT=not in compliance N/O=not observed N/A=not applicable
 Mark "X" in appropriate box for COS and/or R
 COS=corrected on-site during inspection R=repeat violation

Compliance Status		COS	R
SUPERVISION			
1	<input checked="" type="radio"/> IN <input type="radio"/> OUT Person in charge present, demonstrates knowledge, and performs duties		
2	<input type="radio"/> IN <input checked="" type="radio"/> OUT <input type="radio"/> N/A Certified Food Protection Manager		
Employee Health			
3	<input checked="" type="radio"/> IN <input type="radio"/> OUT Management, food employee and conditional employee, knowledge, responsibilities and reporting.		
4	<input checked="" type="radio"/> IN <input type="radio"/> OUT Proper use of restriction and exclusion		
5	<input checked="" type="radio"/> IN <input type="radio"/> OUT Procedures for responding to vomiting and diarrheal events		
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		
7	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O No discharge from eyes, nose, and mouth		
Preventing Contamination by Hands			
8	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/O Hands clean & properly washed		
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		
10	<input checked="" type="radio"/> IN <input type="radio"/> OUT Adequate handwashing sinks properly set up & accessible		
Approved Source			
11	<input checked="" type="radio"/> IN <input type="radio"/> OUT Food obtained from approved source		
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		
13	<input checked="" type="radio"/> IN <input type="radio"/> OUT Food in good condition, safe, & unadulterated		
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		
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		
16	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A Food-contact surfaces: cleaned & sanitized		
17	<input checked="" type="radio"/> IN <input type="radio"/> OUT Proper disposition of returned, previously served, reconditioned, & unsafe food		

Compliance Status		COS	R
Time/Temperature Control for Safety			
18	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Proper cooking time & temperatures		
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		
20	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Proper cooling time & temperatures		
21	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Proper hot holding temperatures		
22	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Proper cold holding temperatures		
23	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Proper date marking & disposition		
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		

Compliance Status		COS	R
Consumer Advisory			
25	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A Consumer advisory provided for raw or undercooked foods		
Highly Susceptible Populations			
26	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A Pasteurized foods used; prohibited foods not offered		
Food/Color Additives and Toxic Substances			
27	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A Food additives: approved & properly used		
28	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A Toxic substances properly identified, stored, & used		
Conformance with Approved Procedures			
29	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> 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

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
Safe Food and Water			
30	<input checked="" type="checkbox"/> Pasteurized eggs used where required		
31	<input checked="" type="checkbox"/> Water & ice from approved source		
32	<input checked="" type="checkbox"/> Variance obtained for specialized processing methods		
Food Temperature Control			
33	<input checked="" type="checkbox"/> Proper cooling methods used; adequate equipment for temperature control		
34	<input checked="" type="checkbox"/> Plant food properly cooked for hot holding		
35	<input checked="" type="checkbox"/> Approved thawing methods used		
36	<input checked="" type="checkbox"/> Thermometers provided & accurate		
Food Identification			
37	<input checked="" type="checkbox"/> Food properly labeled; original container		
Prevention of Food Contamination			
38	<input checked="" type="checkbox"/> Insects, rodents, & animals not present		
39	<input checked="" type="checkbox"/> Contamination prevented during food preparation, storage & display		
40	<input checked="" type="checkbox"/> Personal cleanliness		
41	<input checked="" type="checkbox"/> Wiping cloths: properly used & stored		
42	<input checked="" type="checkbox"/> Washing fruits & vegetables		

Compliance Status		COS	R
Proper Use of Utensils			
43	<input checked="" type="checkbox"/> In-use utensils: properly stored		
44	<input checked="" type="checkbox"/> Utensils, equipment & linens: properly stored, dried, & handled		
45	<input checked="" type="checkbox"/> Single-use/single-service articles: properly stored & used		
46	<input checked="" type="checkbox"/> Gloves used properly		
Utensils, Equipment and Vending			
47	<input checked="" type="checkbox"/> Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
48	<input checked="" type="checkbox"/> Warewashing facilities: installed, maintained, & used; test strips		
49	<input checked="" type="checkbox"/> Non-food contact surfaces clean		
Physical Facilities			
50	<input checked="" type="checkbox"/> Hot & cold water available; adequate pressure		
51	<input checked="" type="checkbox"/> Plumbing installed; proper backflow devices		
52	<input checked="" type="checkbox"/> Sewage & waste water properly disposed		
53	<input checked="" type="checkbox"/> Toilet facilities: properly constructed, supplied, & cleaned		
54	<input checked="" type="checkbox"/> Garbage & refuse properly disposed; facilities maintained		
55	<input checked="" type="checkbox"/> Physical facilities installed, maintained, & clean		
56	<input checked="" type="checkbox"/> Adequate ventilation & lighting; designated areas used		

Person in Charge (Signature) <u>Denise Clarkovich</u>	Date: <u>8/9/2018</u>
Inspector (Signature) <u>Stephane Meary R.S.</u>	Follow-up: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (Circle one) Follow-up Date:

