



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 La Casa Toscana		No. of Risk Factor/Intervention Violations		Date 7-13-18
Address Route E - Conroe		No. of Repeat Risk Factor/Intervention Violations		Time In
City Butte	County: Silver Bow	Water: <input checked="" type="radio"/> City Private Public PWS#	Time Out	
Licensee:	Email:	Wastewater: <input checked="" type="radio"/> City Private Public MPDDS#	Risk Category	
License # F / FL	License Subtype(s):	Current water test Y/N	1 <input checked="" type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/>	
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

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	
SUPERVISION					
1	IN OUT	Person in charge present, demonstrates knowledge, and performs duties			
2	IN OUT NA	Certified Food Protection Manager			
Employee Health					
3	IN OUT	Management, food employee and conditional employee, knowledge, responsibilities and reporting.			
4	IN OUT	Proper use of restriction and exclusion			
5	IN OUT	Procedures for responding to vomiting and diarrheal events			
Good Hygienic Practices					
6	IN OUT N/O	Proper eating, tasting, drinking, or tobacco use			
7	IN OUT N/O	No discharge from eyes, nose, and mouth			
Preventing Contamination by Hands					
8	IN OUT <input checked="" type="radio"/> N/O	Hands clean & properly washed			
9	IN OUT N/A N/O	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed			
10	IN OUT	Adequate handwashing sinks properly set up & accessible			
Approved Source					
11	IN OUT	Food obtained from approved source			
12	IN OUT N/A N/O	Food received at proper temperature			
13	IN OUT	Food in good condition, safe, & unadulterated			
14	IN OUT <input checked="" type="radio"/> N/A N/O	Required records available: shellstock tags, parasite destruction			
Protection from Contamination Arm					
15	IN OUT N/A N/O	Food separated & protected			
16	IN OUT N/A	Food-contact surfaces: cleaned & sanitized			
17	IN OUT	Proper disposition of returned, previously served, reconditioned, & unsafe food			
Time/Temperature Control for Safety					
18	IN OUT N/A N/O	Proper cooking time & temperatures			
19	IN OUT N/A N/O	Proper reheating procedures for hot holding			
20	IN OUT N/A N/O	Proper cooling time & temperatures			
21	IN OUT N/A N/O	Proper hot holding temperatures			
22	IN OUT N/A N/O	Proper cold holding temperatures			
23	IN OUT N/A N/O	Proper date marking & disposition			
24	IN OUT N/A N/O	Time as a public health control: procedures & records			
Consumer Advisory					
25	IN OUT <input checked="" type="radio"/> N/A	Consumer advisory provided for raw or undercooked foods			
Highly Susceptible Populations					
26	IN OUT <input checked="" type="radio"/> N/A	Pasteurized foods used; prohibited foods not offered			
Food/Color Additives and Toxic Substances					
27	IN OUT <input checked="" type="radio"/> N/A	Food additives: approved & properly used			
28	IN OUT N/A	Toxic substances properly identified, stored, & used			
Conformance with Approved Procedures					
29	IN OUT <input checked="" 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		Pasteurized eggs used where required			
31		Water & ice from approved source			
32		Variance obtained for specialized processing methods			
Food Temperature Control					
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			
Food Identification					
37		Food properly labeled; original container			
Prevention of Food Contamination					
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			
Proper Use of Utensils					
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			
Utensils, Equipment and Vending					
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			
Physical Facilities					
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			

Person in Charge (Signature) <i>[Signature]</i>	Date: 7/13/18
Inspector (Signature) <i>[Signature]</i>	Follow-up: YES <input type="radio"/> NO <input checked="" type="radio"/> (Circle one) Follow-up Date: