



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

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|---|--|---------------------------------------|
| Establishment <u>Mountain man Kettle Korn</u> | No. of Risk Factor/Intervention Violations <u>0</u> | Date <u>7-13-18</u> |
| Address <u>2991 Hecla</u> | No. of Repeat Risk Factor/Intervention Violations <u>0</u> | Time In <u>3:00</u> |
| City <u>Butte</u> County: <u>Silver Bow</u> | Water: City Private Public PWS# <u>Butte</u> | Time Out <u>3:15</u> |
| Licensee: <u>Mike + Teresa Duffy</u> | Wastewater: City Private Public MPDDS# <u>Butte</u> | Risk Category |
| License # F / FL <u>FL45081</u> | License Subtype(s): <u>mobile</u> | Current water test Y/N <u>1</u> 2 3 4 |
| 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

| Compliance Status | | COS | | R | | Compliance Status | | COS | | R | |
|--|----|-----|-----|-----|--|-------------------|----|-----|-----|-----|-----|
| SUPERVISION | | | | | | | | | | | |
| 1 | IN | OUT | | | | 18 | IN | OUT | N/A | N/O | |
| Person in charge present, demonstrates knowledge, and performs duties | | | | | | 19 | | IN | OUT | N/A | N/O |
| 2 | IN | OUT | N/A | | | 20 | | IN | OUT | N/A | N/O |
| Certified Food Protection Manager | | | | | | 21 | | IN | OUT | N/A | N/O |
| Employee Health | | | | | | | | | | | |
| 3 | IN | OUT | | | | 22 | | IN | OUT | N/A | N/O |
| Management, food employee and conditional employee, knowledge, responsibilities and reporting. | | | | | | 23 | | IN | OUT | N/A | N/O |
| 4 | IN | OUT | | | | 24 | | IN | OUT | N/A | N/O |
| Proper use of restriction and exclusion | | | | | | 25 | | IN | OUT | N/A | N/O |
| 5 | IN | OUT | | | | 26 | | IN | OUT | N/A | N/O |
| Procedures for responding to vomiting and diarrheal events | | | | | | 27 | | IN | OUT | N/A | N/O |
| Good Hygienic Practices | | | | | | | | | | | |
| 6 | IN | OUT | N/O | | | 28 | | IN | OUT | N/A | N/O |
| Proper eating, tasting, drinking, or tobacco use | | | | | | 29 | | IN | OUT | N/A | N/O |
| 7 | IN | OUT | N/O | | | 29 | | IN | OUT | N/A | N/O |
| No discharge from eyes, nose, and mouth | | | | | | 29 | | IN | OUT | N/A | N/O |
| Preventing Contamination by Hands | | | | | | | | | | | |
| 8 | IN | OUT | N/O | | | 29 | | IN | OUT | N/A | N/O |
| Hands clean & properly washed | | | | | | 29 | | IN | OUT | N/A | N/O |
| 9 | IN | OUT | N/A | N/O | | 29 | | IN | OUT | N/A | N/O |
| No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed | | | | | | 29 | | IN | OUT | N/A | N/O |
| 10 | IN | OUT | | | | 29 | | IN | OUT | N/A | N/O |
| Adequate handwashing sinks properly set up & accessible | | | | | | 29 | | IN | OUT | N/A | N/O |
| Approved Source | | | | | | | | | | | |
| 11 | IN | OUT | | | | 29 | | IN | OUT | N/A | N/O |
| Food obtained from approved source | | | | | | 29 | | IN | OUT | N/A | N/O |
| 12 | IN | OUT | N/A | N/O | | 29 | | IN | OUT | N/A | N/O |
| Food received at proper temperature | | | | | | 29 | | IN | OUT | N/A | N/O |
| 13 | IN | OUT | | | | 29 | | IN | OUT | N/A | N/O |
| Food in good condition, safe, & unadulterated | | | | | | 29 | | IN | OUT | N/A | N/O |
| 14 | IN | OUT | N/A | N/O | | 29 | | IN | OUT | N/A | N/O |
| Required records available: shellstock tags, parasite destruction | | | | | | 29 | | IN | OUT | N/A | N/O |
| Protection from Contamination Arm | | | | | | | | | | | |
| 15 | IN | OUT | N/A | N/O | | 29 | | IN | OUT | N/A | N/O |
| Food separated & protected | | | | | | 29 | | IN | OUT | N/A | N/O |
| 16 | IN | OUT | N/A | N/O | | 29 | | IN | OUT | N/A | N/O |
| Food-contact surfaces: cleaned & sanitized | | | | | | 29 | | IN | OUT | N/A | N/O |
| 17 | IN | OUT | | | | 29 | | IN | OUT | N/A | N/O |
| Proper disposition of returned, previously served, reconditioned, & unsafe food | | | | | | 29 | | IN | OUT | N/A | N/O |

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 | | Compliance Status | | COS | | R | |
|---|--|-----|--|---|--|-------------------|--|-----|--|---|--|
| Safe Food and Water | | | | | | | | | | | |
| 30 | | | | | | 43 | | | | | |
| Pasteurized eggs used where required | | | | | | 44 | | | | | |
| 31 | | | | | | 45 | | | | | |
| Water & ice from approved source | | | | | | 46 | | | | | |
| 32 | | | | | | 47 | | | | | |
| Variance obtained for specialized processing methods | | | | | | 48 | | | | | |
| Food Temperature Control | | | | | | | | | | | |
| 33 | | | | | | 49 | | | | | |
| Proper cooling methods used; adequate equipment for temperature control | | | | | | 50 | | | | | |
| 34 | | | | | | 51 | | | | | |
| Plant food properly cooked for hot holding | | | | | | 52 | | | | | |
| 35 | | | | | | 53 | | | | | |
| Approved thawing methods used | | | | | | 54 | | | | | |
| 36 | | | | | | 55 | | | | | |
| Thermometers provided & accurate | | | | | | 56 | | | | | |
| Food Identification | | | | | | | | | | | |
| 37 | | | | | | 56 | | | | | |
| Food properly labeled; original container | | | | | | 56 | | | | | |
| Prevention of Food Contamination | | | | | | | | | | | |
| 38 | | | | | | 56 | | | | | |
| Insects, rodents, & animals not present | | | | | | 56 | | | | | |
| 39 | | | | | | 56 | | | | | |
| Contamination prevented during food preparation, storage & display | | | | | | 56 | | | | | |
| 40 | | | | | | 56 | | | | | |
| Personal cleanliness | | | | | | 56 | | | | | |
| 41 | | | | | | 56 | | | | | |
| Wiping cloths: properly used & stored | | | | | | 56 | | | | | |
| 42 | | | | | | 56 | | | | | |
| Washing fruits & vegetables | | | | | | 56 | | | | | |

| | |
|---|---|
| Person in Charge (Signature) <u>[Signature]</u> | Date: <u>7/13/2018</u> |
| Inspector (Signature) <u>[Signature]</u> | Follow-up: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (Circle one) |
| | Follow-up Date: |