



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>Knights of Columbus</u>		No. of Risk Factor/Intervention Violations <u>1</u> <input checked="" type="checkbox"/>	Date <u>10/15/2019</u>
Address <u>West Park</u>		No. of Repeat Risk Factor/Intervention Violations <u>0</u>	Time In <u>2:00</u>
City <u>Butte</u>	County: <u>S. yer Bow</u>	Water: City Private Public PWS# <u>MT00015</u>	Time Out <u>2:30</u>
Licensee: <u>Knights of Columbus</u>	Email:	Wastewater: City Private Public MPDDS# <u>Butte</u>	Risk Category
License # <u>FL 2961</u>	License Subtype(s): <u>Eating Establishment</u>	Current water test Y/N	1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
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	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			18	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		
Person in charge present, demonstrates knowledge, and performs duties				Time/Temperature Control for Safety			
2	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A			19	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		
Certified Food Protection Manager				Proper cooking time & temperatures			
Employee Health							
3	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			20	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		
Management, food employee and conditional employee, knowledge, responsibilities and reporting.				Proper reheating procedures for hot holding			
4	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			21	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		
Proper use of restriction and exclusion				Proper cooling time & temperatures			
5	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			22	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		
Procedures for responding to vomiting and diarrheal events				Proper hot holding temperatures			
Good Hygienic Practices							
6	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O			23	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		
Proper eating, tasting, drinking, or tobacco use				Proper cold holding temperatures			
7	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O			24	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		
No discharge from eyes, nose, and mouth				Proper date marking & disposition			
Preventing Contamination by Hands							
8	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O			Time as a public health control: procedures & records			
Hands clean & properly washed				Consumer Advisory			
9	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O			25	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		
No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed				Consumer advisory provided for raw or undercooked foods			
10	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			Highly Susceptible Populations			
Adequate handwashing sinks properly set up & accessible				26	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		
Approved Source							
11	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			Pasteurized foods used; prohibited foods not offered			
Food obtained from approved source				Food/Color Additives and Toxic Substances			
12	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O			27	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		
Food received at proper temperature				Food additives: approved & properly used			
13	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			28	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		
Food in good condition, safe, & unadulterated				Toxic substances properly identified, stored, & used			
14	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O			Conformance with Approved Procedures			
Required records available: shellstock tags, parasite destruction				29	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		
Protection from Contamination Air							
15	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O			Compliance with variance/specialized process/HACCP			
Food separated & protected				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.			
16	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A						
Food-contact surfaces: cleaned & sanitized							
17	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT						
Proper disposition of returned, previously served, reconditioned, & unsafe food							

GOOD RETAIL PRACTICES

Compliance Status		COS	R	Compliance Status		COS	R
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			
Safe Food and Water							
30	<input checked="" type="checkbox"/>			Proper Use of Utensils			
Pasteurized eggs used where required				43	<input checked="" type="checkbox"/>		
31	<input checked="" type="checkbox"/>			In-use utensils: properly stored			
Water & ice from approved source				44	<input checked="" type="checkbox"/>		
32	<input checked="" type="checkbox"/>			Utensils, equipment & linens: properly stored, dried, & handled			
Variance obtained for specialized processing methods				45	<input checked="" type="checkbox"/>		
Food Temperature Control							
33	<input checked="" type="checkbox"/>			Single-use/single-service articles: properly stored & used			
Proper cooling methods used; adequate equipment for temperature control				46	<input checked="" type="checkbox"/>		
34	<input checked="" type="checkbox"/>			Gloves used properly			
Plant food properly cooked for hot holding				Utensils, Equipment and Vending			
35	<input checked="" type="checkbox"/>			47	<input checked="" type="checkbox"/>		
Approved thawing methods used				Food & non-food contact surfaces cleanable, properly designed, constructed, & used			
36	<input checked="" type="checkbox"/>			48	<input checked="" type="checkbox"/>		
Thermometers provided & accurate				Warewashing facilities: installed, maintained, & used; test strips			
Food Identification							
37	<input checked="" type="checkbox"/>			49	<input checked="" type="checkbox"/>		
Food properly labeled; original container				Non-food contact surfaces clean			
Prevention of Food Contamination							
38	<input checked="" type="checkbox"/>			Physical Facilities			
Insects, rodents, & animals not present				50	<input checked="" type="checkbox"/>		
39	<input checked="" type="checkbox"/>			Hot & cold water available; adequate pressure			
Contamination prevented during food preparation, storage & display				51	<input checked="" type="checkbox"/>		
40	<input checked="" type="checkbox"/>			Plumbing installed; proper backflow devices			
Personal cleanliness				52	<input checked="" type="checkbox"/>		
41	<input checked="" type="checkbox"/>			Sewage & waste water properly disposed			
Wiping cloths: properly used & stored				53	<input checked="" type="checkbox"/>		
42	<input checked="" type="checkbox"/>			Toilet facilities: properly constructed, supplied, & cleaned			
Washing fruits & vegetables				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>Tom D...</u>	Date: <u>10/15/2019</u>
Inspector (Signature) <u>Stephane McCoy R.S.</u>	Follow-up: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (Circle one)
	Follow-up Date:

