



Retail Food Establishment Inspection Report part I

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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>Mining City Mud LLC</u>	No. of Risk Factor/Intervention Violations	Date <u>2/7/2019</u>
Address <u>6055 Excelsior</u>	No. of Repeat Risk Factor/Intervention Violations	Time In <u>3:10</u>
City <u>Butte MT</u> County: <u>Silver Bow</u>	Water: <input checked="" type="radio"/> City Private Public PWS# <u>Butte</u>	Time Out <u>3:30</u>
Licensee: <u>Breanna Summers</u> Email: <u>Breanna.Summers@joshk.com</u>	Wastewater: <input checked="" type="radio"/> City Private <input checked="" type="radio"/> Public MPDDS# <u>Butte</u>	Risk Category
License # <u>F/FL New</u> License Subtype(s): <u>Food Establishment</u>	Current water test Y/N	<input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 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	<input checked="" type="radio"/> IN <input type="radio"/> OUT			18	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
Person in charge present, demonstrates knowledge, and performs duties				Time/Temperature Control for Safety			
2	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A			19	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
Certified Food Protection Manager				Proper cooking time & temperatures			
Employee Health							
3	<input checked="" type="radio"/> IN <input type="radio"/> OUT			20	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
Management, food employee and conditional employee, knowledge, responsibilities and reporting.				Proper reheating procedures for hot holding			
4	<input checked="" type="radio"/> IN <input type="radio"/> OUT			21	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
Proper use of restriction and exclusion				Proper cooling time & temperatures			
5	<input checked="" type="radio"/> IN <input type="radio"/> OUT			22	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
Procedures for responding to vomiting and diarrheal events				Proper hot holding temperatures			
Good Hygienic Practices							
6	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O			23	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
Proper eating, tasting, drinking, or tobacco use				Proper cold holding temperatures			
7	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O			24	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
No discharge from eyes, nose, and mouth				Proper date marking & disposition			
Preventing Contamination by Hands							
8	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O			Time as a public health control: procedures & records			
Hands clean & properly washed				Consumer Advisory			
9	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			25	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> 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="radio"/> IN <input type="radio"/> OUT			Highly Susceptible Populations			
Adequate handwashing sinks properly set up & accessible				26 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A			
Approved Source							
Proper disposal of returned, previously served, reconditioned, & unsafe food				27 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A			
11	<input checked="" type="radio"/> IN <input type="radio"/> OUT			Food/Color Additives and Toxic Substances			
Food obtained from approved source				28 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A			
12	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Food additives: approved & properly used			
Food received at proper temperature				29 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A			
13	<input checked="" type="radio"/> IN <input type="radio"/> OUT			Conformance with Approved Procedures			
Food in good condition, safe, & unadulterated				Compliance with variance/specialized process/HACCP			
14	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> 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.			
Required records available: shellstock tags, parasite destruction							
Protection from Contamination Air							
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							

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 COS=corrected on-site during inspection R=repeat violation							
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							
Physical Facilities							
38	<input checked="" type="checkbox"/>			50	<input checked="" type="checkbox"/>		
Insects, rodents, & animals not present				Hot & cold water available; adequate pressure			
39	<input checked="" type="checkbox"/>			51	<input checked="" type="checkbox"/>		
Contamination prevented during food preparation, storage & display				Plumbing installed; proper backflow devices			
40	<input checked="" type="checkbox"/>			52	<input checked="" type="checkbox"/>		
Personal cleanliness				Sewage & waste water properly disposed			
41	<input checked="" type="checkbox"/>			53	<input checked="" type="checkbox"/>		
Wiping cloths: properly used & stored				Toilet facilities: properly constructed, supplied, & cleaned			
42	<input checked="" type="checkbox"/>			54	<input checked="" type="checkbox"/>		
Washing fruits & vegetables				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>[Signature]</u>						Date: <u>2/7/2019</u>	
Inspector (Signature) <u>Stephen Hooy R.S.</u>						Follow-up: YES <input type="radio"/> NO <input checked="" type="radio"/> (Circle one) Follow-up Date:	

