



# 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 <b>Muddy Creek</b>	No. of Risk Factor/Intervention Violations <b>0</b>	Date <b>8/1/19</b>
Address <b>2 E Galena</b>	No. of Repeat Risk Factor/Intervention Violations <b>0</b>	Time In <b>3:00</b>
City <b>Butte</b> County: <b>Silver Bow</b>	Water: <b>City</b> Private Public PWS#	Time Out
Licensee: <b>Gregg Wiger</b> Email:	Wastewater: <b>City</b> Private Public MPDSS#	Risk Category <b>2 3 4</b>
License # <b>F/FL 308260</b> License Subtype(s):	Current water test Y/N	
Purpose of Inspection: Regular <input checked="" type="checkbox"/> Follow-up ___ Pre-opening ___ Complaint ___ Illness ___ HACCP ___ Investigation ___ Other ___		

## FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Compliance Status		COS	R	Compliance Status		COS	R
<b>SUPERVISION</b>							
1	IN/OUT			18	IN/OUT	N/A/N/O	
2	IN/OUT			19	IN/OUT	N/A/N/O	
<b>Employee Health</b>							
3	IN/OUT			20	IN/OUT	N/A/N/O	
4	IN/OUT			21	IN/OUT	N/A/N/O	
5	IN/OUT			22	IN/OUT	N/A/N/O	
<b>Good Hygienic Practices</b>							
6	IN/OUT			23	IN/OUT	N/A/N/O	
7	IN/OUT			24	IN/OUT	N/A/N/O	
<b>Preventing Contamination by Hands</b>							
8	IN/OUT			<b>Consumer Advisory</b>			
9	IN/OUT			25	IN/OUT	N/A	
10	IN/OUT			<b>Highly Susceptible Populations</b>			
<b>Approved Source</b>							
11	IN/OUT			26	IN/OUT	N/A	
12	IN/OUT			<b>Food/Color Additives and Toxic Substances</b>			
13	IN/OUT			27	IN/OUT	N/A	
14	IN/OUT			28	IN/OUT	N/A	
<b>Protection from Contamination Arm</b>							
15	IN/OUT			<b>Conformance with Approved Procedures</b>			
16	IN/OUT			29	IN/OUT	N/A	
17	IN/OUT			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
<b>Safe Food and Water</b>							
30				<b>Proper Use of Utensils</b>			
31				43			
32				44			
<b>Food Temperature Control</b>							
33				45			
34				46			
35				<b>Utensils, Equipment and Vending</b>			
36				47			
<b>Food Identification</b>							
37				48			
<b>Prevention of Food Contamination</b>							
38				49			
39				<b>Physical Facilities</b>			
40				50			
41				51			
42				52			
				53			
				54			
				55			
				56			

Person in Charge (Signature) <i>[Signature]</i>	Date: <b>8/1/19</b>
Inspector (Signature) <i>[Signature]</i>	Follow-up: YES NO (Circle one) Follow-up Date:

