



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>Maloney Bar</u>	No. of Risk Factor/Intervention Violations <u>0</u>	Date <u>9/13/2019</u>
Address <u>112 N Main St</u>	No. of Repeat Risk Factor/Intervention Violations <u>0</u>	Time In <u>2:00</u>
City <u>Butte MT</u> County: <u>Silver Bow</u>	Water: City Private Public PWS# <u>MT00017</u>	Time Out <u>2:20</u>
Licensee: <u>Maloney, Ryan</u> Email: <u>no Email</u>	Wastewater: City Private Public MPDDS# <u>Butte</u>	Risk Category
License # <u>F FL 5263</u> License Subtype(s): <u>Bar Tavern</u>	Current water test Y/N	1 <u>(2)</u> 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	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Person in charge present, demonstrates knowledge, and performs duties				18	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Proper cooking time & temperatures			
2	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Certified Food Protection Manager				19	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Proper reheating procedures for hot holding			
Employee Health											
3	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Management, food employee and conditional employee, knowledge, responsibilities and reporting.				20	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Proper cooling time & temperatures			
4	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Proper use of restriction and exclusion				21	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Proper hot holding temperatures			
5	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Procedures for responding to vomiting and diarrheal events				22	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Proper cold holding temperatures			
Good Hygienic Practices											
6	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O	Proper eating, tasting, drinking, or tobacco use				23	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Proper date marking & disposition			
7	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O	No discharge from eyes, nose, and mouth				24	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Time as a public health control: procedures & records			
Preventing Contamination by Hands											
8	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O	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	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed				25	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Consumer advisory provided for raw or undercooked foods			
10	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Adequate handwashing sinks properly set up & accessible				Highly Susceptible Populations					
Approved Source											
11	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Food obtained from approved source				26	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Pasteurized foods used; prohibited foods not offered			
12	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Food received at proper temperature				Food/Color Additives and Toxic Substances					
13	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Food in good condition, safe, & unadulterated				27	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Food additives: approved & properly used			
14	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Required records available: shellstock tags, parasite destruction				28	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Toxic substances properly identified, stored, & used			
Protection from Contamination Arm											
15	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Food separated & protected				Conformance with Approved Procedures					
16	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Food-contact surfaces: cleaned & sanitized				29	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Compliance with variance/specialized process/HACCP			
17	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Proper disposition of returned, previously served, reconditioned, & unsafe food				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	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Pasteurized eggs used where required				Proper Use of Utensils					
31	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Water & ice from approved source				43	<input checked="" type="radio"/> IN <input type="radio"/> OUT	In-use utensils: properly stored			
32	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Variance obtained for specialized processing methods				44	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Utensils, equipment & linens: properly stored, dried, & handled			
Food Temperature Control											
33	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Proper cooling methods used; adequate equipment for temperature control				45	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Single-use/single-service articles: properly stored & used			
34	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Plant food properly cooked for hot holding				46	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Gloves used properly			
35	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Approved thawing methods used				Utensils, Equipment and Vending					
36	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Thermometers provided & accurate				47	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Food & non-food contact surfaces cleanable, properly designed, constructed, & used			
Food Identification											
37	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Food properly labeled; original container				48	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Warewashing facilities: installed, maintained, & used; test strips			
Prevention of Food Contamination											
38	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Insects, rodents, & animals not present				49	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Non-food contact surfaces clean			
39	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Contamination prevented during food preparation, storage & display				Physical Facilities					
40	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Personal cleanliness				50	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Hot & cold water available; adequate pressure			
41	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Wiping cloths: properly used & stored				51	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Plumbing installed; proper backflow devices			
42	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Washing fruits & vegetables				52	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Sewage & waste water properly disposed			
						53	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Toilet facilities: properly constructed, supplied, & cleaned			
						54	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Garbage & refuse properly disposed; facilities maintained			
						55	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Physical facilities installed, maintained, & clean			
						56	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Adequate ventilation & lighting; designated areas used			

Person in Charge (Signature) <u>Jacey Clements</u>	Date: <u>9/13/2019</u>
Inspector (Signature) <u>John Henry RS.</u>	Follow-up: YES <input type="radio"/> NO <input checked="" type="radio"/> (Circle one)
	Follow-up Date:

Juice 410F peach cooler