



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>Safeway</u>	No. of Risk Factor/Intervention Violations <u>1</u>	Date <u>7/17/2019</u>
Address <u>310 W Front St.</u>	No. of Repeat Risk Factor/Intervention Violations <u>0</u>	Time In <u>2:30</u>
City <u>Butte</u> MT	County: <u>Silver Bow</u>	Water: City Private Public PWS# <u>MT00015</u>
Licensee: <u>Butte 256</u>	Email: <u>502596902@safeway.com</u>	Wastewater: City Private Public MPDDS# <u>Butte</u>
License # <u>F/EL 313</u>	License Subtype(s): <u>Deli, Meat, Bakery, Produce</u>	Current water test Y/N
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"/>		Risk Category 1 2 <u>3</u> 4

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item. Mark "X" in appropriate box for COS and/or R. COS=corrected on-site during inspection. R=repeat violation.

Compliance Status		COS	R
SUPERVISION			
1 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Person in charge present, demonstrates knowledge, and performs duties		
2 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> NA	Certified Food Protection Manager		
Employee Health			
3 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Management, food employee and conditional employee; knowledge, responsibilities and reporting.		
4 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Proper use of restriction and exclusion		
5 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Procedures for responding to vomiting and diarrheal events		
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		
7 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O	No discharge from eyes, nose, and mouth		
Preventing Contamination by Hands			
8 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O	Hands clean & properly washed		
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		
10 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Adequate handwashing sinks properly set up & accessible		
Approved Source			
11 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Food obtained from approved source		
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		
13 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Food in good condition, safe, & unadulterated		
14 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	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		
17 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Proper disposition of returned, previously served, reconditioned, & unsafe food		
Time/Temperature Control for Safety			
18 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Proper cooking time & temperatures		
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		
20 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Proper cooling time & temperatures		
21 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Proper hot holding temperatures		
22 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Proper cold holding temperatures		X
23 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Proper date marking & disposition		
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		
Consumer Advisory			
25 <input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A	Consumer advisory provided for raw or undercooked foods		
Highly Susceptible Populations			
26 <input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A	Pasteurized foods used; prohibited foods not offered		
Food/Color Additives and Toxic Substances			
27 <input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A	Food additives: approved & properly used		
28 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Toxic substances properly identified, stored, & used		
Conformance with Approved Procedures			
29 <input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A	Compliance with variance/specialized process/HACCP		

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

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.

Compliance Status		COS	R
Safe Food and Water			
30 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Pasteurized eggs used where required		
31 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Water & ice from approved source		
32 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Variance obtained for specialized processing methods		
Food Temperature Control			
33 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Proper cooling methods used; adequate equipment for temperature control		
34 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Plant food properly cooked for hot holding		
35 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Approved thawing methods used		
36 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Thermometers provided & accurate		
Food Identification			
37 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Food properly labeled; original container		
Prevention of Food Contamination			
38 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Insects, rodents, & animals not present		
39 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Contamination prevented during food preparation, storage & display		
40 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Personal cleanliness		
41 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Wiping cloths: properly used & stored		
42 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Washing fruits & vegetables		
Proper Use of Utensils			
43 <input checked="" type="radio"/> IN <input type="radio"/> OUT	In-use utensils: properly stored		
44 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Utensils, equipment & linens: properly stored, dried, & handled		
45 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Single-use/single-service articles: properly stored & used		
46 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Gloves used properly		
Utensils, Equipment and Vending			
47 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
48 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Warewashing facilities: installed, maintained, & used; test strips		
49 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Non-food contact surfaces clean		
Physical Facilities			
50 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Hot & cold water available; adequate pressure		
51 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Plumbing installed; proper backflow devices		
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) [Signature] Date: 7/17/2019

Inspector (Signature) Stephanie Moody, R.S. Follow-up: YES NO (Circle one) Follow-up Date: _____

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Establishment <u>Safeway</u>	SANITIZER LEVEL	License # <u>FL313</u>
Current License Posted <u>Y/N</u>	CHEMICAL LOW TEMPERATURE DISH MACHINE <u>NA</u>	
Certified Food Safety Manager <u>Y/N</u>	WIPING CLOTH BUCKET <u>200 ppm</u>	
HIGH TEMPERATURE DISH MACHINE Temperature <u>180F</u>	SPRAY BOTTLES <u>NA</u>	
SANITIZER: CHLORINE <u>QUATERNARY AMMONIUM, IODINE</u>	MANUAL DISHWASHING (3 COMPARTMENT SINK) <u>200 ppm</u>	

TEMPERATURE OBSERVATIONS					
ITEM	LOCATION	TEMP	ITEM	LOCATION	TEMP
Potato Salad	Backroom Traulsen	40°F	Deli Salad	Deli Salad Case	40°F
Dairy Walk-In	Milk Product	40°F	Chicken	Deli Case	38°F
Mozz Cheese	Cooking	142°F	Frosting	Baking Cooler	40°F
Fried Chicken	Hot Holding	140°F	Tomato	Sandwich Cooler	40°F
Chicken Strips	" "	145°F	Pasta, cheese, hummus	Deli Display Case	40-59°F
Beef Sliced	Cold Holding Sandwich Case	38°F	Chicken, Soup	Deli Display Case	40-41°F
Cheese	" "	38°F	Soup	Hot Holding	145°F
Tomato	Tray to go	45°F	Pie, Chicken	Hot Holding	145°F

OBSERVATIONS AND CORRECTIVE ACTIONS		
Code Reference	Violations cited in this report must be corrected within the time frame listed, as stated in 8-405.11.	Correction Date
	Mashed Potatoes - 41°F display Case	
	Dairy Display Case - 40-41°F	
	Egg Display Case - 45°F	
	Meat Display Case 34°F	
	Meat Display Fish - 39°F	
	Meat Cutting Walk-in - 34°F	
	Produce Cooler - 40°F	
	Luncheon Meat Cooler - 38°F	
	Juice Display - 38°F	
	Cut Lettuce display - 40°F	
	Meat Display - 41°F	
	Cut Fruit Display 40°F	
22	3-501.16 Cold Holding - (A) TCS food shall be maintained: (2) at 41°F or less. Observed to-go tray in sandwich prep unit sitting on top of the unit vs. down in the unit. Product temperature 45°F request tray be moved to other unit. Display case in deli area foods temp 59-40°F included hummus, Salas, cheese, pasta, product was being discarded at the time of inspection. COS	COS

Person in Charge (Signature)	Date <u>7/18/19</u>
Inspector (Signature) <u>Stephanie Morley RS</u>	Date <u>7/17/2019</u>

