



Retail Food Establishment Inspection Report part I

Page ____ of ____

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>Sparky's Garage II</u>	No. of Risk Factor/Intervention Violations <u>2</u>	Date <u>7/30/19</u>
Address <u>222 E Park</u>	No. of Repeat Risk Factor/Intervention Violations	Time In
City <u>Butte</u> County: <u>Silver Bow</u>	Water: <input checked="" type="radio"/> City Private Public PWS# <u>MT00007</u>	Time Out
Licensee: <u>David Drew</u> Email:	Wastewater: <input checked="" type="radio"/> City Private Public MPDDS#	Risk Category
License # <u>F(FL) 45327</u> License Subtype(s): <u>Eating Est. Tavern or Bar</u>	Current water test Y/N	1 2 <input checked="" type="radio"/> 3 4
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

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item

Mark "X" in appropriate box for COS and/or R

IN=in compliance OUT=not in compliance N/O=not observed N/A=not applicable

COS=corrected on-site during inspection R=repeat violation

Compliance Status			COS	R	Compliance Status			COS	R
SUPERVISION					Time/Temperature Control for Safety				
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"/> R
2	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input type="radio"/> R	19	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input type="radio"/> R
Employee Health					Consumer Advisory				
3	<input checked="" type="radio"/> IN	<input type="radio"/> OUT			25	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	
4	<input checked="" type="radio"/> IN	<input type="radio"/> OUT			Highly Susceptible Populations				
					26	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	
5	<input checked="" type="radio"/> IN	<input type="radio"/> OUT							
Good Hygienic Practices					Food/Color Additives and Toxic Substances				
6	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input checked="" type="radio"/> N/O		27	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	
7	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/O		28	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	
Preventing Contamination by Hands					Conformance with Approved Procedures				
8	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/O		29	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	
9	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input type="radio"/> R	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.				
10	<input checked="" type="radio"/> IN	<input type="radio"/> OUT							
Approved Source									
11	<input checked="" type="radio"/> IN	<input type="radio"/> OUT							
12	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input type="radio"/> R					
13	<input checked="" type="radio"/> IN	<input type="radio"/> OUT							
14	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input type="radio"/> R					
Protection from Contamination Arm									
15	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input type="radio"/> R					
16	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A						
17	<input checked="" type="radio"/> IN	<input type="radio"/> OUT							

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

			COS	R				COS	R
Safe Food and Water					Proper Use of Utensils				
30	<input checked="" type="checkbox"/>				43	<input checked="" type="checkbox"/>			
31	<input checked="" type="checkbox"/>				44	<input checked="" type="checkbox"/>			
32	<input checked="" type="checkbox"/>				45	<input checked="" type="checkbox"/>			
Food Temperature Control					Utensils, Equipment and Vending				
33	<input checked="" type="checkbox"/>				47	<input checked="" type="checkbox"/>			
34	<input checked="" type="checkbox"/>				48	<input checked="" type="checkbox"/>			
35	<input checked="" type="checkbox"/>				49	<input checked="" type="checkbox"/>			
36	<input checked="" type="checkbox"/>				Physical Facilities				
					50	<input checked="" type="checkbox"/>			
Food Identification									
37	<input checked="" type="checkbox"/>				51	<input checked="" type="checkbox"/>			
Prevention of Food Contamination					52	<input checked="" type="checkbox"/>			
38	<input checked="" type="checkbox"/>								
					53	<input checked="" type="checkbox"/>			
39	<input checked="" type="checkbox"/>								
					54	<input checked="" type="checkbox"/>			
40	<input checked="" type="checkbox"/>								
					55	<input checked="" type="checkbox"/>			
41	<input checked="" type="checkbox"/>								
					56	<input checked="" type="checkbox"/>			
42	<input checked="" type="checkbox"/>								

Person in Charge (Signature) David Drew

Date:

Inspector (Signature) Duke Salminen 25Follow-up: YES NO (Circle one)

Follow-up Date:

