



# 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>Wicked Owl</u>		No. of Risk Factor/Intervention Violations		Date <u>7-3-19</u>
Address <u>1808 Sherman</u>		No. of Repeat Risk Factor/Intervention Violations		Time In <u>4:00</u>
City <u>Butte</u>	County: <u>Silver-Bow</u>	Water: <input checked="" type="radio"/> City Private Public PWS#	Time Out	
Licensee: <u>Steve Booth</u>	Email: <u>none</u>	Wastewater: <input checked="" type="radio"/> City Private Public MPDDS#	Risk Category	
License # <u>(F)FL 31969</u>	License Subtype(s): <u>mobile</u>	Current water test Y/N	1 <input checked="" type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/>	
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				
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		Compliance Status		
SUPERVISION		Time/Temperature Control for Safety		
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"/> N/A	Certified Food Protection Manager		
Employee Health		18	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Proper cooking time & temperatures
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		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
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		20	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Proper cooling time & temperatures
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		21	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Proper hot holding temperatures
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 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		
Protection from Contamination Arm		22	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Proper cold holding temperatures
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		
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 checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Consumer advisory provided for raw or undercooked foods
26	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Pasteurized foods used; prohibited foods not offered		
Highly Susceptible Populations		27	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input 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		
Food/Color Additives and Toxic Substances		29	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Compliance with variance/specialized process/HACCP
29	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input 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	
Safe Food and Water		Proper Use of Utensils		
30	Pasteurized eggs used where required	43	<input type="checkbox"/>	In-use utensils: properly stored
31	Water & ice from approved source	44	<input type="checkbox"/>	Utensils, equipment & linens: properly stored, dried, & handled
32	Variance obtained for specialized processing methods	45	<input type="checkbox"/>	Single-use/single-service articles: properly stored & used
Food Temperature Control		46	<input type="checkbox"/>	Gloves used properly
33	Proper cooling methods used; adequate equipment for temperature control	Utensils, Equipment and Vending		
34	Plant food properly cooked for hot holding	47	<input type="checkbox"/>	Food & non-food contact surfaces cleanable, properly designed, constructed, & used
35	Approved thawing methods used	48	<input type="checkbox"/>	Warewashing facilities: installed, maintained, & used; test strips
36	Thermometers provided & accurate	49	<input type="checkbox"/>	Non-food contact surfaces clean
Food Identification		Physical Facilities		
37	Food properly labeled; original container	50	<input type="checkbox"/>	Hot & cold water available; adequate pressure
Prevention of Food Contamination		51	<input type="checkbox"/>	Plumbing installed; proper backflow devices
38	Insects, rodents, & animals not present	52	<input type="checkbox"/>	Sewage & waste water properly disposed
39	Contamination prevented during food preparation, storage & display	53	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & cleaned
40	Personal cleanliness	54	<input type="checkbox"/>	Garbage & refuse properly disposed; facilities maintained
41	Wiping cloths: properly used & stored	55	<input type="checkbox"/>	Physical facilities installed, maintained, & clean
42	Washing fruits & vegetables	56	<input type="checkbox"/>	Adequate ventilation & lighting; designated areas used

Person in Charge (Signature) <u>[Signature]</u>	Date: <u>7-3-19</u>
Inspector (Signature) <u>Jenna Frisvold</u>	Follow-up: YES NO (Circle one) Follow-up Date:

