



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>Fred's Mesquite Grill</u>		No. of Risk Factor/Intervention Violations <u>2</u>		Date <u>9/4/2019</u>
Address <u>205 S. Arizon</u>		No. of Repeat Risk Factor/Intervention Violations <u>1</u>		Time In <u>11:00</u>
City <u>Butte</u> <u>MT</u>	County: <u>Silver Bow</u>	Water: City Private Public PWS# <u>MT000017</u>	Time Out <u>12:00</u>	
Licensee: <u>Anne Weiner</u>	Email: <u>no email</u>	Wastewater: City Private Public MPDDS# <u>Butte</u>	Risk Category	
License # <u>F FL 44178</u>	License Subtype(s): <u>Food Establishmen</u>	Current water test Y/N	1 2 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	
SUPERVISION					
1	<input checked="" type="radio"/> IN <input checked="" type="radio"/> OUT	Person in charge present, demonstrates knowledge, and performs duties			
2	<input checked="" type="radio"/> IN <input checked="" type="radio"/> OUT <input type="radio"/> N/A	Certified Food Protection Manager			
Employee Health					
3	<input checked="" type="radio"/> IN <input checked="" type="radio"/> OUT	Management, food employee and conditional employee, knowledge, responsibilities and reporting.			
4	<input checked="" type="radio"/> IN <input checked="" type="radio"/> OUT	Proper use of restriction and exclusion			
5	<input checked="" type="radio"/> IN <input checked="" type="radio"/> OUT	Procedures for responding to vomiting and diarrheal events			
Good Hygienic Practices					
6	<input checked="" type="radio"/> IN <input checked="" type="radio"/> OUT <input type="radio"/> N/O	Proper eating, tasting, drinking, or tobacco use			
7	<input checked="" type="radio"/> IN <input checked="" 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 checked="" type="radio"/> OUT <input type="radio"/> N/O	Hands clean & properly washed			
9	<input checked="" type="radio"/> IN <input checked="" 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 checked="" type="radio"/> OUT	Adequate handwashing sinks properly set up & accessible			
Approved Source					
11	<input checked="" type="radio"/> IN <input checked="" type="radio"/> OUT	Food obtained from approved source			
12	<input checked="" type="radio"/> IN <input checked="" 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 checked="" type="radio"/> OUT	Food in good condition, safe, & unadulterated			
14	<input checked="" type="radio"/> IN <input checked="" type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Required records available: shellstock tags, parasite destruction			
Protection from Contamination Arm					
15	<input checked="" type="radio"/> IN <input checked="" type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Food separated & protected			
16	<input checked="" type="radio"/> IN <input checked="" type="radio"/> OUT <input type="radio"/> N/A	Food-contact surfaces: cleaned & sanitized			
17	<input checked="" type="radio"/> IN <input checked="" type="radio"/> OUT	Proper disposition of returned, previously served, reconditioned, & unsafe food			

Compliance Status		COS		R	
Time/Temperature Control for Safety					
18	<input checked="" type="radio"/> IN <input checked="" type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Proper cooking time & temperatures			
19	<input checked="" type="radio"/> IN <input checked="" 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 checked="" type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Proper cooling time & temperatures			
21	<input checked="" type="radio"/> IN <input checked="" type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Proper hot holding temperatures			
22	<input checked="" type="radio"/> IN <input checked="" type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Proper cold holding temperatures			
23	<input checked="" type="radio"/> IN <input checked="" type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Proper date marking & disposition			<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
24	<input checked="" type="radio"/> IN <input checked="" 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 checked="" type="radio"/> OUT <input type="radio"/> N/A	Consumer advisory provided for raw or undercooked foods			
Highly Susceptible Populations					
26	<input checked="" type="radio"/> IN <input checked="" type="radio"/> OUT <input type="radio"/> N/A	Pasteurized foods used; prohibited foods not offered			
Food/Color Additives and Toxic Substances					
27	<input checked="" type="radio"/> IN <input checked="" type="radio"/> OUT <input type="radio"/> N/A	Food additives: approved & properly used			
28	<input checked="" type="radio"/> IN <input checked="" type="radio"/> OUT <input type="radio"/> N/A	Toxic substances properly identified, stored, & used			
Conformance with Approved Procedures					
29	<input checked="" type="radio"/> IN <input checked="" 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

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

Person in Charge (Signature) <u>[Signature]</u>	Date: <u>9/4/2019</u>
Inspector (Signature) <u>[Signature]</u>	Follow-up: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (Circle one) Follow-up Date: _____

Retail Food Establishment Inspection Form part II

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Establishment <u>Fred's Mesquite Grill</u>	SANITIZER LEVEL	License # <u>44178</u>
Current License Posted <u>Y/N</u>	CHEMICAL LOW TEMPERATURE DISH MACHINE <u>100ppm</u>	
Certified Food Safety Manager <u>Y(N)</u>	WIPING CLOTH BUCKET <u>200ppm</u>	
HIGH TEMPERATURE DISH MACHINE Temperature <u>NA</u>	SPRAY BOTTLES <u>NA</u>	
SANITIZER: <u>CHLORINE</u> QUATERNARY AMMONIUM, IODINE	MANUAL DISHWASHING (3 COMPARTMENT SINK) <u>NO</u>	

TEMPERATURE OBSERVATIONS					
ITEM	LOCATION	TEMP	ITEM	LOCATION	TEMP
<u>Cheese</u>	<u>Cook's Prep</u>	<u>40°F</u>	<u>Red Sauce</u>	<u>Walk In</u>	<u>38°F</u>
<u>Tomatoe</u>	<u>" "</u>	<u>41°F</u>	<u>Lettuce</u>	<u>" "</u>	<u>40°F</u>
<u>Ribs</u>	<u>3 Door Bar Area</u>	<u>38°F</u>	<u>Cake</u>	<u>Dessert Cooler</u>	<u>38°F</u>
<u>Noodle</u>	<u>Salad Prep</u>	<u>40°F</u>	<u>Dressing</u>	<u>" "</u>	<u>40°F</u>
<u>Fish</u>	<u>Salad Prep</u>	<u>41°F</u>			
<u>Red Sauce</u>	<u>Hot Holding</u>	<u>157°F</u>			
<u>Coleslaw</u>	<u>Three Door Dish Area</u>	<u>38°F</u>			

OBSERVATIONS AND CORRECTIVE ACTIONS

Code Reference	Violations cited in this report must be corrected withing the time frame listed, as stated in 8-405.11.	Correction Date
<u>2-102.12(A)</u>	<u>At least one employee that has supervisory responsibility shall be a certified food protection manager. Obtain training by 12/31/2019.</u>	<u>12/31/2019</u>
<u>3-501.17</u>	<u>RTE, TCS, stored greater than 24hrs are required to be date marked. Observed several items not date mark. COS marked at the time of inspection.</u>	<u>COS</u>
<u>3-501.13 (E)</u>	<u>ROP fish that bears label indicating kept frozen until time of use shall be removed from reduced oxygen environment prior thawing. Observed fish not removed from packaging COS.</u>	<u>COS</u>
<u>4-303.12</u>	<u>Thermometers provided. No thermometers in several units. Place by end of shift</u>	<u>9/4/2019</u>
<u>6-501.111</u>	<u>The premises shall be maintained free of insects. Observed several flies in kitchen area. Control or eliminate their presence. 9/4/2018</u>	<u>9/4/2019</u>

Person in Charge (Signature) <u>[Signature]</u>	Date <u>9/4/2019</u>
Inspector (Signature) <u>[Signature]</u>	Date <u>9/4/2019</u>