



# 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 <b>Black Bridge Fitness Center</b>		No. of Risk Factor/Intervention Violations <b>0</b>	Date <b>2/5/21</b>
Address <b>420 S. Merrill</b>		No. of Repeat Risk Factor/Intervention Violations <b>0</b>	Time In <b>15:49</b>
City <b>Glendive</b>	County: <b>Dawson</b>	Water: <input checked="" type="radio"/> City Private Public PWS# <b>229</b>	Time Out <b>16:09</b>
Licensee: <b>Black Bridge LLC</b>	Email:	Wastewater: <input checked="" type="radio"/> City Private Public MPDDS# <b>21628</b>	Risk Category
License # <b>F FL 32923</b>	License Subtype(s): <b>RFS, TOB</b>	Current water test Y/N	<input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 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

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	
<b>SUPERVISION</b>					
1	IN OUT				
Person in charge present, demonstrates knowledge, and performs duties					
2	IN OUT N/A				
Certified Food Protection Manager					
<b>Employee Health</b>					
3	IN OUT				
Management, food employee and conditional employee, knowledge, responsibilities and reporting.					
4	IN OUT				
Proper use of restriction and exclusion					
5	IN OUT				
Procedures for responding to vomiting and diarrheal events					
<b>Good Hygienic Practices</b>					
6	IN OUT N/O				
Proper eating, tasting, drinking, or tobacco use					
7	IN OUT N/O				
No discharge from eyes, nose, and mouth					
<b>Preventing Contamination by Hands</b>					
8	IN OUT N/O				
Hands clean & properly washed					
9	IN OUT N/A N/O				
No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed					
10	IN OUT				
Adequate handwashing sinks properly set up & accessible					
<b>Approved Source</b>					
11	IN OUT				
Food obtained from approved source					
12	IN OUT N/A N/O				
Food received at proper temperature					
13	IN OUT				
Food in good condition, safe, & unadulterated					
14	IN OUT N/A N/O				
Required records available: shellstock tags, parasite destruction					
<b>Protection from Contamination Arm</b>					
15	IN OUT N/A N/O				
Food separated & protected					
16	IN OUT N/A				
Food-contact surfaces: cleaned & sanitized					
17	IN OUT				
Proper disposition of returned, previously served, reconditioned, & unsafe food					

  

Compliance Status		COS		R	
<b>Time/Temperature Control for Safety</b>					
18	IN OUT N/A N/O				
Proper cooking time & temperatures					
19	IN OUT N/A N/O				
Proper reheating procedures for hot holding					
20	IN OUT N/A N/O				
Proper cooling time & temperatures					
21	IN OUT N/A N/O				
Proper hot holding temperatures					
22	IN OUT N/A N/O				
Proper cold holding temperatures					
23	IN OUT N/A N/O				
Proper date marking & disposition					
24	IN OUT N/A N/O				
Time as a public health control: procedures & records					
<b>Consumer Advisory</b>					
25	IN OUT N/A				
Consumer advisory provided for raw or undercooked foods					
<b>Highly Susceptible Populations</b>					
26	IN OUT N/A				
Pasteurized foods used; prohibited foods not offered					
<b>Food/Color Additives and Toxic Substances</b>					
27	IN OUT N/A				
Food additives: approved & properly used					
28	IN OUT N/A				
Toxic substances properly identified, stored, & used					
<b>Conformance with Approved Procedures</b>					
29	IN OUT 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	
<b>Safe Food and Water</b>					
30					
Pasteurized eggs used where required					
31					
Water & ice from approved source					
32					
Variance obtained for specialized processing methods					
<b>Food Temperature Control</b>					
33					
Proper cooling methods used; adequate equipment for temperature control					
34					
Plant food properly cooked for hot holding					
35					
Approved thawing methods used					
36					
Thermometers provided & accurate					
<b>Food Identification</b>					
37					
Food properly labeled; original container					
<b>Prevention of Food Contamination</b>					
38					
Insects, rodents, & animals not present					
39					
Contamination prevented during food preparation, storage & display					
40					
Personal cleanliness					
41					
Wiping cloths: properly used & stored					
42					
Washing fruits & vegetables					

  

Compliance Status		COS		R	
<b>Proper Use of Utensils</b>					
43					
In-use utensils: properly stored					
44					
Utensils, equipment & linens: properly stored, dried, & handled					
45					
Single-use/single-service articles: properly stored & used					
46					
Gloves used properly					
<b>Utensils, Equipment and Vending</b>					
47					
Food & non-food contact surfaces cleanable, properly designed, constructed, & used					
48					
Warewashing facilities: installed, maintained, & used; test strips					
49					
Non-food contact surfaces clean					
<b>Physical Facilities</b>					
50					
Hot & cold water available; adequate pressure					
51					
Plumbing installed; proper backflow devices					
52					
Sewage & waste water properly disposed					
53					
Toilet facilities: properly constructed, supplied, & cleaned					
54					
Garbage & refuse properly disposed; facilities maintained					
55					
Physical facilities installed, maintained, & clean					
56					
Adequate ventilation & lighting; designated areas used					

Person in Charge (Signature) <i>Donna Houch</i>	Date: <b>2-5-21</b>
Inspector (Signature) <i>Mark Nelson, R.S.</i>	Follow-up: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (Circle one)
Follow-up Date:	

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Establishment Black Bridge Fitness Center **SANITIZER LEVEL** License # 32923

Current License Posted Y/N  **CHEMICAL LOW TEMPERATURE DISH MACHINE**

Certified Food Safety Manager Y/N  **WIPING CLOTH BUCKET**

HIGH TEMPERATURE DISHMACHINE Temperature  **SPRAY BOTTLES** n/a

**SANITIZER: CHLORINE, QUATERNARY AMMONIUM, IODINE** **MANUAL DISHWASHING (3 COMPARTMENT SINK)**

## TEMPERATURE OBSERVATIONS

ITEM	LOCATION	TEMP	ITEM	LOCATION	TEMP
	<u>No TCS food.</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>No food being sold.</u>	

Person in Charge (Signature) Norma Hayes Date  
 Inspector (Signature) Isaac [unclear], R.S. Date 2/5/21