



**STATE OF MONTANA**  
**Food & Consumer Safety Section**  
**Department of Public Health & Human Services**

Date 9-17-19

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**Bed & Breakfast Establishment Inspection Report**

Facility Name Charley Montana License 312895 Phone 406-939-4587  
 Owner Sonja Maxwell Operator/Manager/Resident \_\_\_\_\_  
 Location Address 103 N. Douglas St City Glendive County Dawson  
 Inspection Purpose: Regular  Follow-up \_\_\_\_\_ Complaint \_\_\_\_\_ Illness Investigation \_\_\_\_\_ Pre-opening \_\_\_\_\_ Other \_\_\_\_\_

REQUIREMENT (REFERENCE: ARM TITLE 37, CHAPTER 111, SUBCHAPTER 3)	IN	OUT	NOT OBSERVED	N/A
Guest number maximum is 18.	X	---	-----	-----
Owner/manager occupies residence.	X	---	-----	-----
Guest register maintained, kept for one year.	X	---	-----	-----
Water supply potable, adequate, safe temp ( $\leq 120^{\circ}\text{F}$ ). If public water supply, PWSID #: <u>MT0000222</u> <u>119.5°F</u> If not public system, then 2 coliform tests per yr (Apr-Jun & Aug-Oct), 1 nitrate every 3 yrs. Date/result of last coliform: _____ Date/result of last nitrate: _____	X	---	-----	-----
Separate nonpotable water supply posted w/ warning.				X
No cross-connection. Backflow prevention.				X
Repaired/replaced when failed/unsafe/inadequate.				---
Wastewater system safe & adequate. DEQ or local permit #:	X			
Solid waste storage, disposal adequate. Pest control effective.	X			---
Swimming pools/spas licensed, meets ARM 37.111.10,11. Sauna clean. Towels clean.	X			---
Food preparers use good hygienic practices, not infectious w/ food-carried disease.	X			X
Food supplies/sources safe & approved. (Farm eggs may be used if guests advised.)	X			
Food, equipment & utensils protected from contamination.	X			
Guest food segregated & labeled if kept in refrigerator.	X			
Potentially hazardous foods held at safe temp. Prepared foods dated. $\geq 135^{\circ}\text{F}$ ; $\leq 45^{\circ}\text{F}$ in original container; prepared food $\leq 45^{\circ}\text{F}$ for $\leq 4$ days or $\leq 41^{\circ}\text{F}$ for $\leq 7$ days.	X			
Food preparation, thawing, cooking, cooling & reheating safe. Hot foods cooled to $70^{\circ}\text{F}$ in 2 hrs, then to $\leq 45^{\circ}\text{F}$ in 4 hrs. <u>(38°F)</u>			X	
Food equipment adequate, clean & sanitized. If serving $\leq 10$ meals/day, must have 3-compartment sink or dish machine that reaches $150^{\circ}\text{F}$ during final rinse or drying. If serving $>10$ meals/day, must have 3-compartment sink even if approved dish machine used. If licensed before July 1, 2003, must meet food equipment requirements by July 1, 2008. Third sink has chlorine 50 ppm, wiping clothes 100 ppm chlorine, or other approved sanitizer.	X			
Handwashing sink dedicated. B&Bs serving $\leq 10$ meals/day may use a compartment of dishwashing sink.	X			---
Handwashing facilities convenient. Hot & cold water. Soap & disposable towels provided.	X			---
Toilet facilities convenient & accessible, doors kept closed, vented, clean & supplied.	X			---
Floors/walls/ceilings/furnishings/fixtures cleanable, clean & in good repair. Lighting adequate.	X			---
Carpeting in food preparation & toilet areas closely woven construction.	X			---
Laundry mechanical washer supplies $120^{\circ}\text{F}$ . Hot air tumble dryer or iron used.	X			---
Hands washed between handling dirty & clean laundry. Handwashing facilities convenient.	X			---
Clean & dirty laundry separated, no cross-contamination. Clean laundry protected.	X			---
Pets kept out of kitchen, dining & laundry areas during times of use.	X			---
Birds kept out of kitchen, dining & laundry areas, away from air ducts at all times.	X			---
Housekeeping provided at least every 3 days, between guests, shared bathrooms daily.	X			---
Cleaners for bathrooms contain disinfectant. Deodorizers not used unless rooms are clean.	X			---
Supplies separated by purpose, stored safely. Storage area clean.	X			---
Blood-born pathogen protection practiced. Gloves, disposable towels, cleaners, labeled bags; skin washed, eyes flushed if in contact.			X	---
Toxics stored, used, labeled properly. First aid supplies on hand. Emergency exit info given.	X			---

Report Received By Sonja Maxwell Title President  
 Inspector Karen Peña, R.S. Phone 377-5772 Follow-up inspection required: Yes  No   
 Email: penak@dawsoncountymontana.com