



# 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>Crawns</u>	No. of Risk Factor/Intervention Violations <u>0</u>	Date <u>2/17/21</u>
Address <u>116 S Merrill</u>	No. of Repeat Risk Factor/Intervention Violations <u>0</u>	Time In <u>1620</u>
City <u>Glendive</u> County: <u>Dawson</u>	Water: <u>City</u> Private Public PWS# <u>229</u>	Time Out <u>1643</u>
Licensee: <u>Annette Nicholas</u> Email: _____	Wastewater: <u>City</u> Private Public MPDDS# <u>21628</u>	Risk Category
License # <u>F/FL 312487</u> License Subtype(s): <u>RFS</u>	Current water test Y/N	1 2 <u>3</u> 4
Purpose of Inspection: Regular <u>X</u> Follow-up ___ Pre-opening ___ Complaint ___ Illness ___ HACCP ___ Investigation ___ Other ___		

## FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

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

  

Compliance Status		COS		R	
<b>Time/Temperature Control for Safety</b>					
18	<u>IN</u> OUT <u>N/A</u> <u>N/O</u>	Proper cooking time & temperatures			
19	<u>IN</u> OUT <u>N/A</u> <u>N/O</u>	Proper reheating procedures for hot holding			
20	<u>IN</u> OUT <u>N/A</u> <u>N/O</u>	Proper cooling time & temperatures			
21	<u>IN</u> OUT <u>N/A</u> <u>N/O</u>	Proper hot holding temperatures			
22	<u>IN</u> OUT <u>N/A</u> <u>N/O</u>	Proper cold holding temperatures			
23	<u>IN</u> OUT <u>N/A</u> <u>N/O</u>	Proper date marking & disposition			
24	<u>IN</u> OUT <u>N/A</u> <u>N/O</u>	Time as a public health control: procedures & records			
<b>Consumer Advisory</b>					
25	<u>IN</u> OUT <u>N/A</u>	Consumer advisory provided for raw or undercooked foods			
<b>Highly Susceptible Populations</b>					
26	<u>IN</u> OUT <u>N/A</u>	Pasteurized foods used; prohibited foods not offered			
<b>Food/Color Additives and Toxic Substances</b>					
27	<u>IN</u> OUT <u>N/A</u>	Food additives: approved & properly used			
28	<u>IN</u> OUT <u>N/A</u>	Toxic substances properly identified, stored, & used			
<b>Conformance with Approved Procedures</b>					
29	<u>IN</u> OUT <u>N/A</u>	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	
<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			
<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) _____	Date: <u>2/17/21</u>
Inspector (Signature) <u>Brown</u>	Follow-up: YES <u>NO</u> (Circle one) Follow-up Date: _____

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Establishment *CRAWNS*

SANITIZER LEVEL

License # *312487*

Current License Posted  Y  N

CHEMICAL LOW TEMPERATURE DISH MACHINE

Certified Food Safety Manager  Y  N

WIPING CLOTH BUCKET *100 + ppn*

HIGH TEMPERATURE DISHMACHINE Temperature

SPRAY BOTTLES

SANITIZER: CHLORINE, QUATERNARY AMMONIUM, IODINE

MANUAL DISHWASHING (3 COMPARTMENT SINK) *200 ppn Quat*

### TEMPERATURE OBSERVATIONS

ITEM	LOCATION	TEMP	ITEM	LOCATION	TEMP
<i>cream</i>	<i>reach in</i>	<i>41</i>			
<i>Bobbs</i>	<i>reach in</i>	<i>41</i>			
<i>milk</i>	<i>reach in</i>	<i>37</i>			
<i>cream</i>	<i>reach in</i>	<i>37</i>			
<i>yogurt</i>	<i>reach in</i>	<i>37</i>			

### 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
	<i>No violations noted.</i>	

Person in Charge (Signature) *[Handwritten Signature]*

Date

Inspector (Signature) *[Handwritten Signature]*

Date *2/17/25*

FCS January 2015