



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>DCC Kitchen</u>	No. of Risk Factor/Intervention Violations <u>2</u>	Date <u>1/19/21</u>
Address <u>300 College Dr.</u>	No. of Repeat Risk Factor/Intervention Violations <u>0</u>	Time In <u>1000</u>
City <u>Glendive</u> County: <u>Dawson</u>	Water: <input checked="" type="radio"/> City Private Public PWS# <u>229</u>	Time Out <u>1114</u>
Licensee: <u>Dawson Community College</u>	Wastewater: <input checked="" type="radio"/> City Private Public MPDSS# <u>21628</u>	Risk Category
License # <u>F (FL) 313581</u> License Subtype(s): <u>RFS</u>	Current water test Y/N	1 2 <u>3</u> 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	
SUPERVISION					
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					
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					
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					
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					
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					
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					

Compliance Status		COS		R	
Time/Temperature Control for Safety					
18	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O				
Proper cooking time & temperatures					
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					
20	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O				
Proper cooling time & temperatures					
21	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O				
Proper hot holding temperatures					
22	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O				
Proper cold holding temperatures					
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					
Highly Susceptible Populations					
26	<input checked="" type="radio"/> IN <input 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 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					
Conformance with Approved Procedures					
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

Compliance Status		COS		R	
Safe Food and Water					
30	<input checked="" type="checkbox"/>				
Pasteurized eggs used where required					
31	<input checked="" type="checkbox"/>				
Water & ice from approved source					
32	<input checked="" type="checkbox"/>				
Variance obtained for specialized processing methods					
Food Temperature Control					
33	<input checked="" type="checkbox"/>				
Proper cooling methods used; adequate equipment for temperature control					
34	<input checked="" type="checkbox"/>				
Plant food properly cooked for hot holding					
35	<input checked="" type="checkbox"/>				
Approved thawing methods used					
36	<input checked="" type="checkbox"/>				
Thermometers provided & accurate					
Food Identification					
37	<input checked="" type="checkbox"/>				
Food properly labeled; original container					
Prevention of Food Contamination					
38	<input checked="" type="checkbox"/>				
Insects, rodents, & animals not present					
39	<input checked="" type="checkbox"/>				
Contamination prevented during food preparation, storage & display					
40	<input checked="" type="checkbox"/>				
Personal cleanliness					
41	<input checked="" type="checkbox"/>				
Wiping cloths: properly used & stored					
42	<input checked="" type="checkbox"/>				
Washing fruits & vegetables					

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

Person in Charge (Signature) [Signature] Date: 1/19/21

Inspector (Signature) [Signature] Follow-up: YES NO (Circle one) Follow-up Date: 1/29/21

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Establishment DCC Kitchen

SANITIZER LEVEL

License # 313581

Current License Posted Y N

CHEMICAL LOW TEMPERATURE DISH MACHINE

Certified Food Safety Manager Y N

WIPING CLOTH BUCKET

HIGH TEMPERATURE DISH MACHINE Temperature 72 F

SPRAY BOTTLES 100 ppm

SANITIZER: PHENOLIC, QUATERNARY AMMONIUM, IODINE

MANUAL DISHWASHING (3 COMPARTMENT SINK)

TEMPERATURE OBSERVATIONS

ITEM	LOCATION	TEMP	ITEM	LOCATION	TEMP
milk	True 2 door fridge	40 F			
meat	Hot hold	148 F			
onion rings	2 door freezer	5 F			
Tomatoes	walk in	33 F			

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
16	was 4-501.112 sanitizing rinse temp as it enters the manifold must be 180°F	1/22/21
2	2-102.12(A) CFPM expired	1/29/21

Person in Charge (Signature) Date 1/19/21
 Inspector (Signature) Date 1/19/21