



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 DOC & Eddys | | No. of Risk Factor/Intervention Violations 0 | | Date 4-3-19 |
| Address 1515 W. Bell St Ste. M | | No. of Repeat Risk Factor/Intervention Violations 0 | | Time In 10:28A |
| City Glendive | County: DAWSON | Water: <input checked="" type="radio"/> City Private Public PWS# 229 | Time Out 10:45A | |
| Licensee: RDJ Enterprises | Email: bar42reality@gmail.com | Wastewater: <input checked="" type="radio"/> City Private Public MPDDS# 21628 | Risk Category | |
| License # FL 303586 | License Subtype(s): T/B | Current water test Y/N | 1 <input checked="" type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> | |
| 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. 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 | | | |
| 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 | | | |
| 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) Mike Dyeus Date: 4-3-19

Inspector (Signature) Kevin Pera, R.S. Follow-up: YES NO (Circle one) Follow-up Date: _____

