



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>East End Genex</u>	No. of Risk Factor/Intervention Violations <u>1</u>	Date <u>2/14/18</u>
Address <u>1803 N. Merrill Ave</u>	No. of Repeat Risk Factor/Intervention Violations <u>0</u>	Time In <u>9:20AM</u>
City <u>Glendive</u> County: <u>Dawson</u>	Water: <u>City</u> Private Public PWS# <u>229</u>	Time Out <u>9:52AM</u>
Licensee: <u>Cross Petr. Svc.</u> Email: <u>No email</u>	Wastewater: <u>City</u> Private Public MPDDS# <u>21628</u>	Risk Category
License # <u>(F) FL 238</u> License Subtype(s): <u>FP</u>	Current water test Y/N	<u>1</u> <u>2</u> <u>3</u> <u>4</u>
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			
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"/> NA	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	<input checked="" type="checkbox"/>
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			
Compliance Status		COS R	
Safe Food and Water			
30	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Pasteurized eggs used where required	
31	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Water & ice from approved source	
32	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Variance obtained for specialized processing methods	
Food Temperature Control			
33	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Proper cooling methods used; adequate equipment for temperature control	
34	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Plant food properly cooked for hot holding	
35	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Approved thawing methods used	
36	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Thermometers provided & accurate	
Food Identification			
37	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Food properly labeled; original container	
Prevention of Food Contamination			
38	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Insects, rodents, & animals not present	
39	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Contamination prevented during food preparation, storage & display	
40	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Personal cleanliness	
41	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Wiping cloths: properly used & stored	
42	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Washing fruits & vegetables	

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

Person in Charge (Signature) <u>Iwen Marshall</u>	Date: <u>2/14/18</u>
Inspector (Signature) <u>Kevin Pina, R.I.S</u>	Follow-up: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (Circle one)
Follow-up Date:	

