



Retail Food Establishment Inspection Report part I

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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 Food Shack	No. of Risk Factor/Intervention Violations 0	Date 7-12-19
Address 819 N. Sargent	No. of Repeat Risk Factor/Intervention Violations 0	Time In 8:53A
City Glendive County: Dawson	Water: <input checked="" type="radio"/> City Private Public PWS# 229	Time Out 9:30A
Licensee: Betsy Haffer Email:	Wastewater: <input checked="" type="radio"/> City Private Public MPDDS# 21628	Risk Category
License # F FL 10611 License Subtype(s): EE	Current water test Y/N	1 2 3 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. COS=corrected on-site during inspection. R=repeat violation.

Compliance Status	Item	cos	R
SUPERVISION			
<input checked="" type="radio"/> IN <input type="radio"/> OUT	1 Person in charge present, demonstrates knowledge, and performs duties		
<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> NA	2 Certified Food Protection Manager		
Employee Health			
<input checked="" type="radio"/> IN <input type="radio"/> OUT	3 Management, food employee and conditional employee, knowledge, responsibilities and reporting.		
<input checked="" type="radio"/> IN <input type="radio"/> OUT	4 Proper use of restriction and exclusion		
<input checked="" type="radio"/> IN <input type="radio"/> OUT	5 Procedures for responding to vomiting and diarrheal events		
Good Hygienic Practices			
<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O	6 Proper eating, tasting, drinking, or tobacco use		
<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O	7 No discharge from eyes, nose, and mouth		
Preventing Contamination by Hands			
<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O	8 Hands clean & properly washed		
<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	9 No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed		
<input checked="" type="radio"/> IN <input type="radio"/> OUT	10 Adequate handwashing sinks properly set up & accessible		
Approved Source			
<input checked="" type="radio"/> IN <input type="radio"/> OUT	11 Food obtained from approved source		
<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	12 Food received at proper temperature		
<input checked="" type="radio"/> IN <input type="radio"/> OUT	13 Food in good condition, safe, & unadulterated		
<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	14 Required records available: shellstock tags, parasite destruction		
Protection from Contamination Arm			
<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	15 Food separated & protected		
<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	16 Food-contact surfaces: cleaned & sanitized		
<input checked="" type="radio"/> IN <input type="radio"/> OUT	17 Proper disposition of returned, previously served, reconditioned, & unsafe food		
Time/Temperature Control for Safety			
<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	18 Proper cooking time & temperatures		
<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	19 Proper reheating procedures for hot holding		
<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	20 Proper cooling time & temperatures		
<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	21 Proper hot holding temperatures		
<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	22 Proper cold holding temperatures		
<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	23 Proper date marking & disposition		
<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	24 Time as a public health control: procedures & records		
Consumer Advisory			
<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	25 Consumer advisory provided for raw or undercooked foods		
Highly Susceptible Populations			
<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	26 Pasteurized foods used; prohibited foods not offered		
Food/Color Additives and Toxic Substances			
<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	27 Food additives: approved & properly used		
<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	28 Toxic substances properly identified, stored, & used		
Conformance with Approved Procedures			
<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	29 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	Item	cos	R
Safe Food and Water			
<input type="checkbox"/>	30 Pasteurized eggs used where required		
<input type="checkbox"/>	31 Water & ice from approved source		
<input type="checkbox"/>	32 Variance obtained for specialized processing methods		
Food Temperature Control			
<input type="checkbox"/>	33 Proper cooling methods used; adequate equipment for temperature control		
<input type="checkbox"/>	34 Plant food properly cooked for hot holding		
<input type="checkbox"/>	35 Approved thawing methods used		
<input type="checkbox"/>	36 Thermometers provided & accurate		
Food Identification			
<input type="checkbox"/>	37 Food properly labeled; original container		
Prevention of Food Contamination			
<input type="checkbox"/>	38 Insects, rodents, & animals not present		
<input type="checkbox"/>	39 Contamination prevented during food preparation, storage & display		
<input type="checkbox"/>	40 Personal cleanliness		
<input type="checkbox"/>	41 Wiping cloths: properly used & stored		
<input type="checkbox"/>	42 Washing fruits & vegetables		
Proper Use of Utensils			
<input type="checkbox"/>	43 In-use utensils: properly stored		
<input type="checkbox"/>	44 Utensils, equipment & linens: properly stored, dried, & handled		
<input type="checkbox"/>	45 Single-use/single-service articles: properly stored & used		
<input type="checkbox"/>	46 Gloves used properly		
Utensils, Equipment and Vending			
<input type="checkbox"/>	47 Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
<input type="checkbox"/>	48 Warewashing facilities: installed, maintained, & used; test strips		
<input type="checkbox"/>	49 Non-food contact surfaces clean		
Physical Facilities			
<input type="checkbox"/>	50 Hot & cold water available; adequate pressure		
<input type="checkbox"/>	51 Plumbing installed; proper backflow devices		
<input type="checkbox"/>	52 Sewage & waste water properly disposed		
<input type="checkbox"/>	53 Toilet facilities: properly constructed, supplied, & cleaned		
<input type="checkbox"/>	54 Garbage & refuse properly disposed; facilities maintained		
<input type="checkbox"/>	55 Physical facilities installed, maintained, & clean		
<input type="checkbox"/>	56 Adequate ventilation & lighting; designated areas used		

Person in Charge (Signature) **Betsy J. Haffer** Date: **7-12-19**
Inspector (Signature) **Kevin S. ...** Follow-up: YES NO (Circle one) Follow-up Date:

