



# 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>Frostys h + Out</u>	No. of Risk Factor/Intervention Violations <u>0</u>	Date <u>3/19/18</u>
Address <u>1810 Grisobill Dr.</u>	No. of Repeat Risk Factor/Intervention Violations <u>0</u>	Time In <u>9:40 AM</u>
City <u>Glendive</u>	County: <u>Dawson</u>	Time Out <u>10:27 AM</u>
Licensee: <u>B. Franks</u>	Water: City <input checked="" type="radio"/> Private <input type="radio"/> Public <input type="radio"/> PWS# <u></u>	Risk Category
License # <u>0/FL 12833</u>	Wastewater: City <input type="radio"/> Private <input type="radio"/> Public <input type="radio"/> MPDDS# <u>21628</u>	1 2 <input checked="" type="radio"/> 4
License Subtype(s): <u>EE</u>	Current water test Y/N	
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	
<b>SUPERVISION</b>					
<input checked="" type="radio"/> IN	<input type="radio"/> OUT				
Person in charge present, demonstrates knowledge, and performs duties					
<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A			
Certified Food Protection Manager					
<b>Employee Health</b>					
<input checked="" type="radio"/> IN	<input type="radio"/> OUT				
Management, food employee and conditional employee, knowledge, responsibilities and reporting.					
<input checked="" type="radio"/> IN	<input type="radio"/> OUT				
Proper use of restriction and exclusion					
<input checked="" type="radio"/> IN	<input type="radio"/> OUT				
Procedures for responding to vomiting and diarrheal events					
<b>Good Hygienic Practices</b>					
<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A			
Proper eating, tasting, drinking, or tobacco use					
<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A			
No discharge from eyes, nose, and mouth					
<b>Preventing Contamination by Hands</b>					
<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A			
Hands clean & properly washed					
<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input type="radio"/> N/A		
No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed					
<input checked="" type="radio"/> IN	<input type="radio"/> OUT				
Adequate handwashing sinks properly set up & accessible					
<b>Approved Source</b>					
<input checked="" type="radio"/> IN	<input type="radio"/> OUT				
Food obtained from approved source					
<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input type="radio"/> N/A		
Food received at proper temperature					
<input checked="" type="radio"/> IN	<input type="radio"/> OUT				
Food in good condition, safe, & unadulterated					
<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input type="radio"/> N/A		
Required records available: shellstock tags, parasite destruction					
<b>Protection from Contamination Arm</b>					
<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input type="radio"/> N/A		
Food separated & protected					
<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A			
Food-contact surfaces: cleaned & sanitized					
<input checked="" type="radio"/> IN	<input type="radio"/> OUT				
Proper disposition of returned, previously served, reconditioned, & unsafe food					

  

Compliance Status		COS		R	
<b>Time/Temperature Control for Safety</b>					
<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input checked="" type="radio"/> N/A		
Proper cooking time & temperatures					
<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input checked="" type="radio"/> N/A		
Proper reheating procedures for hot holding					
<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input checked="" type="radio"/> N/A		
Proper cooling time & temperatures					
<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input checked="" type="radio"/> N/A		
Proper hot holding temperatures					
<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input checked="" type="radio"/> N/A		
Proper cold holding temperatures					
<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input checked="" type="radio"/> N/A		
Proper date marking & disposition					
<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input checked="" type="radio"/> N/A		
Time as a public health control: procedures & records					
<b>Consumer Advisory</b>					
<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A			
Consumer advisory provided for raw or undercooked foods					
<b>Highly Susceptible Populations</b>					
<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A			
Pasteurized foods used; prohibited foods not offered					
<b>Food/Color Additives and Toxic Substances</b>					
<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A			
Food additives: approved & properly used					
<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A			
Toxic substances properly identified, stored, & used					
<b>Conformance with Approved Procedures</b>					
<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	
<b>Safe Food and Water</b>					
<input type="checkbox"/>	<input type="checkbox"/>				
Pasteurized eggs used where required					
<input type="checkbox"/>	<input type="checkbox"/>				
Water & ice from approved source					
<input type="checkbox"/>	<input type="checkbox"/>				
Variance obtained for specialized processing methods					
<b>Food Temperature Control</b>					
<input type="checkbox"/>	<input type="checkbox"/>				
Proper cooling methods used; adequate equipment for temperature control					
<input type="checkbox"/>	<input type="checkbox"/>				
Plant food properly cooked for hot holding					
<input type="checkbox"/>	<input type="checkbox"/>				
Approved thawing methods used					
<input type="checkbox"/>	<input type="checkbox"/>				
Thermometers provided & accurate					
<b>Food Identification</b>					
<input type="checkbox"/>	<input type="checkbox"/>				
Food properly labeled; original container					
<b>Prevention of Food Contamination</b>					
<input type="checkbox"/>	<input type="checkbox"/>				
Insects, rodents, & animals not present					
<input type="checkbox"/>	<input type="checkbox"/>				
Contamination prevented during food preparation, storage & display					
<input type="checkbox"/>	<input type="checkbox"/>				
Personal cleanliness					
<input type="checkbox"/>	<input type="checkbox"/>				
Wiping cloths: properly used & stored					
<input type="checkbox"/>	<input type="checkbox"/>				
Washing fruits & vegetables					
<b>Proper Use of Utensils</b>					
<input type="checkbox"/>	<input type="checkbox"/>				
In-use utensils: properly stored					
<input type="checkbox"/>	<input type="checkbox"/>				
Utensils, equipment & linens: properly stored, dried, & handled					
<input type="checkbox"/>	<input type="checkbox"/>				
Single-use/single-service articles: properly stored & used					
<input type="checkbox"/>	<input type="checkbox"/>				
Gloves used properly					
<b>Utensils, Equipment and Vending</b>					
<input type="checkbox"/>	<input type="checkbox"/>				
Food & non-food contact surfaces cleanable, properly designed, constructed, & used					
<input type="checkbox"/>	<input type="checkbox"/>				
Warewashing facilities: installed, maintained, & used; test strips					
<input type="checkbox"/>	<input type="checkbox"/>				
Non-food contact surfaces clean					
<b>Physical Facilities</b>					
<input type="checkbox"/>	<input type="checkbox"/>				
Hot & cold water available; adequate pressure					
<input type="checkbox"/>	<input type="checkbox"/>				
Plumbing installed; proper backflow devices					
<input type="checkbox"/>	<input type="checkbox"/>				
Sewage & waste water properly disposed					
<input type="checkbox"/>	<input type="checkbox"/>				
Toilet facilities: properly constructed, supplied, & cleaned					
<input type="checkbox"/>	<input type="checkbox"/>				
Garbage & refuse properly disposed; facilities maintained					
<input type="checkbox"/>	<input type="checkbox"/>				
Physical facilities installed, maintained, & clean					
<input type="checkbox"/>	<input type="checkbox"/>				
Adequate ventilation & lighting; designated areas used					

Person in Charge (Signature) <u>Bella Franks</u>	Date: <u>3/19/18</u>
Inspector (Signature) <u>Kevin Pena, R.S.</u>	Follow-up: YES <input checked="" type="radio"/> NO <input type="radio"/> (Circle one)
	Follow-up Date: <u></u>

# Retail Food Establishment Inspection Form part II Page 2 of 2

**Establishment** Frostys In + Out **SANITIZER LEVEL** \_\_\_\_\_ **License #** 12833  
**Current License Posted** Y/N **CHEMICAL LOW TEMPERATURE DISH MACHINE** \_\_\_\_\_  
**Certified Food Safety Manager** Y/N **WIPING CLOTH BUCKET** N/O  
**HIGH TEMPERATURE DISH MACHINE** Temperature **SPRAY BOTTLES** \_\_\_\_\_  
**SANITIZER: CHLORINE, QUATERNARY AMMONIUM, IODINE** **MANUAL DISHWASHING (3 COMPARTMENT SINK)** 200ppm

**TEMPERATURE OBSERVATIONS**  

ITEM	LOCATION	TEMP	ITEM	LOCATION	TEMP
Onions	Sandwich Prep Cooler	35.2°F	Ranch Dressing	Condiment Fridge	36°F
Coleslaw	Condiment Cooler	40°F			
	Freezer	-5°F		Walk In Freezer	9°F
Potato Salad	Storage Area Cooler	40°F			

## OBSERVATIONS AND CORRECTIVE ACTIONS

Code Reference	Violations cited in this report must be corrected within the time frame listed, as stated in 8-405.11.	Correction Date
116	(Note) → no sanitizer in use @ time of inspection	

**Person in Charge (Signature)** Bobby Franke **Date** 3/19/18  
**Inspector (Signature)** Kenneth R. S. **Date** 3/19/18