



# 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 <b>Frostys In &amp; Out</b>		No. of Risk Factor/Intervention Violations <b>0</b>	Date <b>4-18-19</b>
Address <b>1810 Crisafulli Dr.</b>		No. of Repeat Risk Factor/Intervention Violations <b>0</b>	Time In <b>9:58A</b>
City <b>Glendive</b>	County: <b>Dawson</b>	Water: City <input type="checkbox"/> Private <input checked="" type="checkbox"/> Public <input type="checkbox"/> PWS# <b>1211</b>	Time Out <b>10:37A</b>
Licensee: <b>B Franks</b>	Email: <b>sparkyflmark@outlook.com</b>	Wastewater: City <input type="checkbox"/> Private <input checked="" type="checkbox"/> Public <input type="checkbox"/> MPDDS# <b>21733</b>	Risk Category
License # <b>FL 12833</b>	License Subtype(s): <b>EE</b>	Current water test Y/N	1 2 <b>3</b> 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

Compliance Status		COS		R	
<b>SUPERVISION</b>					
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			
<b>Employee Health</b>					
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			
<b>Good Hygienic Practices</b>					
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			
<b>Preventing Contamination by Hands</b>					
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			
<b>Approved Source</b>					
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			
<b>Protection from Contamination Arm</b>					
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	
<b>Time/Temperature Control for Safety</b>					
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			
<b>Consumer Advisory</b>					
25	<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>					
26	<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>					
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			
<b>Conformance with Approved Procedures</b>					
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	
<b>Safe Food and Water</b>					
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			
<b>Food Temperature Control</b>					
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			
<b>Food Identification</b>					
37	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Food properly labeled; original container			
<b>Prevention of Food Contamination</b>					
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			
<b>Proper Use of Utensils</b>					
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			
<b>Utensils, Equipment and Vending</b>					
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			
<b>Physical Facilities</b>					
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) <i>B. Franks</i>	Date: <b>4-18-19</b>
Inspector (Signature) <i>Kenneth R. S.</i>	Follow-up: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (Circle one)
	Follow-up Date:

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

Establishment	SANITIZER LEVEL	License # <b>12833</b>
Current License Posted <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	CHEMICAL LOW TEMPERATURE DISH MACHINE	
Certified Food Safety Manager <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	WIPING CLOTH BUCKET	
HIGH TEMPERATURE DISH MACHINE <input type="checkbox"/> Temperature	SPRAY BOTTLES	
SANITIZER: CHLORINE, QUATERNARY AMMONIUM, IODINE		MANUAL DISHWASHING (3 COMPARTMENT SINK)

TEMPERATURE OBSERVATIONS					
ITEM	LOCATION	TEMP	ITEM	LOCATION	TEMP
Hot Sndge	Sliding Cooler	40°F		Walk In Freezer	15°F
Hot Dogs	Prep Cooler	40°F	Burger	Flat Top Grill (cooking)	88°F
	2 Door Freezer	-5°F			
Coleslaw	Sliding Cooler	40°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
<p style="font-size: 2em; color: blue;">Great Work!!</p>		

Person in Charge (Signature) <i>[Signature]</i>	Date <b>4-18-19</b>
Inspector (Signature) <i>[Signature]</i>	Date <b>4-18-19</b>