



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 Head Start	No. of Risk Factor/Intervention Violations 0	Date 9-4-19
Address 120 Colorado Blvd	No. of Repeat Risk Factor/Intervention Violations 0	Time In 11:11 AM
City Glendive County: Dawson	Water: <input checked="" type="radio"/> City Private Public PWS# 229	Time Out 11:27 AM
Licensee: Action for Eastern MT Email:	Wastewater: <input checked="" type="radio"/> City Private Public MPDDS# 21628	Risk Category
License # F FL 16160 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
 IN=in compliance OUT=not in compliance N/O=not observed N/A=not applicable
 Mark "X" in appropriate box for COS and/or R
 COS=corrected on-site during inspection R=repeat violation

Compliance Status		cos	R	Compliance Status		cos	R
SUPERVISION							
<input checked="" type="radio"/> IN	<input type="radio"/> OUT			Time/Temperature Control for Safety			
1 Person in charge present, demonstrates knowledge, and performs duties				<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input checked="" type="radio"/> N/A	<input type="radio"/> N/O
2 Certified Food Protection Manager				Consumer Advisory			
Employee Health							
3 Management, food employee and conditional employee, knowledge, responsibilities and reporting.				<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input checked="" type="radio"/> N/A	<input type="radio"/> N/O
4 Proper use of restriction and exclusion				Highly Susceptible Populations			
5 Procedures for responding to vomiting and diarrheal events				<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input checked="" type="radio"/> N/A	<input type="radio"/> N/O
Good Hygienic Practices							
<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/O		Food/Color Additives and Toxic Substances			
6 Proper eating, tasting, drinking, or tobacco use				<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input checked="" type="radio"/> N/A	<input type="radio"/> N/O
7 No discharge from eyes, nose, and mouth				Conformance with Approved Procedures			
Preventing Contamination by Hands							
<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/O		<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input checked="" type="radio"/> N/A	<input type="radio"/> N/O
8 Hands clean & properly washed				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.			
9 No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed							
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 checked="" 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 checked="" 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 checked="" type="radio"/> N/A	<input type="radio"/> N/O				
15 Food separated & protected							
<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input checked="" type="radio"/> N/A	<input type="radio"/> N/O				
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							

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	Compliance Status		cos	R
Safe Food and Water							
<input type="radio"/>	<input type="radio"/>			Proper Use of Utensils			
30	Pasteurized eggs used where required			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31	Water & ice from approved source			Utensils, Equipment and Vending			
32	Variance obtained for specialized processing methods			43	In-use utensils: properly stored		
Food Temperature Control							
33	Proper cooling methods used; adequate equipment for temperature control			44	Utensils, equipment & linens: properly stored, dried, & handled		
34	Plant food properly cooked for hot holding			45	Single-use/single-service articles: properly stored & used		
35	Approved thawing methods used			46	Gloves used properly		
36	Thermometers provided & accurate			Physical Facilities			
Food Identification							
37	Food properly labeled; original container			50	Hot & cold water available; adequate pressure		
Prevention of Food Contamination							
38	Insects, rodents, & animals not present			51	Plumbing installed; proper backflow devices		
39	Contamination prevented during food preparation, storage & display			52	Sewage & waste water properly disposed		
40	Personal cleanliness			53	Toilet facilities: properly constructed, supplied, & cleaned		
41	Wiping cloths: properly used & stored			54	Garbage & refuse properly disposed; facilities maintained		
42	Washing fruits & vegetables			55	Physical facilities installed, maintained, & clean		
				56	Adequate ventilation & lighting; designated areas used		

Person in Charge (Signature) *Debbie Kutchuk* Date: **9-4-19**
 Inspector (Signature) *Karen Pate, D.S.*
 Follow-up: YES NO (Circle one) Follow-up Date:

Retail Food Establishment Inspection Form part II Page 2 of 2

Establishment Head Start SANITIZER LEVEL License # 16160

Current License Posted FN CHEMICAL LOW TEMPERATURE DISH MACHINE 150ppm

Certified Food Safety Manager CYN WIPING CLOTH BUCKET 150ppm

HIGH TEMPERATURE DISHMACHINE Temperature SPRAY BOTTLES

SANITIZER: CHLORINE, QUATERNARY AMMONIUM, IODINE MANUAL DISHWASHING (3 COMPARTMENT SINK)

TEMPERATURE OBSERVATIONS

ITEM	LOCATION	TEMP	ITEM	LOCATION	TEMP
<u>Sandwich Meat</u>	<u>2 Door Fridge</u>	<u>35°F</u>			
	<u>Freezer</u>	<u>-0.4°F</u>			

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

Great Work!!

Person in Charge (Signature) Debbie Kozlowski
 Inspector (Signature) Kevin Pena, R.S.

Date 9-4-19
 Date 9-4-19