



# 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>Jolly Roger Golley</u>		No. of Risk Factor/Intervention Violations <u>0</u>		Date <u>3/21/18</u>
Address <u>300 College St.</u>		No. of Repeat Risk Factor/Intervention Violations <u>0</u>		Time In <u>2:00 PM</u>
City <u>Glendive</u>	County: <u>Dawson</u>	Water: <u>City</u> Private Public PWS# <u>229</u>	Time Out <u>2:50 PM</u>	
Licensee: <u>Karen Ryan</u>	Email: <u>krayan@hotmail.com</u>	Wastewater: <u>City</u> Private Public MPDDS# <u>21628</u>	Risk Category	
License # <u>F 306283</u>	License Subtype(s): <u>EE</u>	Current water test Y/N	1 2 <u>3</u> 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>					
<u>1</u> IN/OUT	Person in charge present, demonstrates knowledge, and performs duties				
<u>2</u> IN/OUT N/A	Certified Food Protection Manager				
<b>Employee Health</b>					
<u>3</u> IN/OUT	Management, food employee and conditional employee, knowledge, responsibilities and reporting.				
<u>4</u> IN/OUT	Proper use of restriction and exclusion				
<u>5</u> IN/OUT	Procedures for responding to vomiting and diarrheal events				
<b>Good Hygienic Practices</b>					
<u>6</u> IN/OUT N/O	Proper eating, tasting, drinking, or tobacco use				
<u>7</u> IN/OUT N/O	No discharge from eyes, nose, and mouth				
<b>Preventing Contamination by Hands</b>					
<u>8</u> IN/OUT N/O	Hands clean & properly washed				
<u>9</u> IN/OUT N/A N/O	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed				
<u>10</u> IN/OUT	Adequate handwashing sinks properly set up & accessible				
<b>Approved Source</b>					
<u>11</u> IN/OUT	Food obtained from approved source				
<u>12</u> IN/OUT N/A N/O	Food received at proper temperature				
<u>13</u> IN/OUT	Food in good condition, safe, & unadulterated				
<u>14</u> IN/OUT N/A N/O	Required records available: shellstock tags, parasite destruction				
<b>Protection from Contamination Arm</b>					
<u>15</u> IN/OUT N/A N/O	Food separated & protected				
<u>16</u> IN/OUT N/A	Food-contact surfaces: cleaned & sanitized				
<u>17</u> IN/OUT	Proper disposition of returned, previously served, reconditioned, & unsafe food				

  

Compliance Status		COS		R	
<b>Time/Temperature Control for Safety</b>					
<u>18</u> IN/OUT N/A N/O	Proper cooking time & temperatures				
<u>19</u> IN/OUT N/A N/O	Proper reheating procedures for hot holding				
<u>20</u> IN/OUT N/A N/O	Proper cooling time & temperatures				
<u>21</u> IN/OUT N/A N/O	Proper hot holding temperatures				
<u>22</u> IN/OUT N/A N/O	Proper cold holding temperatures				
<u>23</u> IN/OUT N/A N/O	Proper date marking & disposition				
<u>24</u> IN/OUT N/A N/O	Time as a public health control: procedures & records				
<b>Consumer Advisory</b>					
<u>25</u> IN/OUT N/A	Consumer advisory provided for raw or undercooked foods				
<b>Highly Susceptible Populations</b>					
<u>26</u> IN/OUT N/A	Pasteurized foods used; prohibited foods not offered				
<b>Food/Color Additives and Toxic Substances</b>					
<u>27</u> IN/OUT N/A	Food additives: approved & properly used				
<u>28</u> IN/OUT N/A	Toxic substances properly identified, stored, & used				
<b>Conformance with Approved Procedures</b>					
<u>29</u> IN/OUT 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>					
<u>30</u>	Pasteurized eggs used where required				
<u>31</u>	Water & ice from approved source				
<u>32</u>	Variance obtained for specialized processing methods				
<b>Food Temperature Control</b>					
<u>33</u>	Proper cooling methods used; adequate equipment for temperature control				
<u>34</u>	Plant food properly cooked for hot holding				
<u>35</u>	Approved thawing methods used				
<u>36</u>	Thermometers provided & accurate				
<b>Food Identification</b>					
<u>37</u>	Food properly labeled; original container				
<b>Prevention of Food Contamination</b>					
<u>38</u>	Insects, rodents, & animals not present				
<u>39</u>	Contamination prevented during food preparation, storage & display				
<u>40</u>	Personal cleanliness				
<u>41</u>	Wiping cloths: properly used & stored				
<u>42</u>	Washing fruits & vegetables				
<b>Proper Use of Utensils</b>					
<u>43</u>	In-use utensils: properly stored				
<u>44</u>	Utensils, equipment & linens: properly stored, dried, & handled				
<u>45</u>	Single-use/single-service articles: properly stored & used				
<u>46</u>	Gloves used properly				
<b>Utensils, Equipment and Vending</b>					
<u>47</u>	Food & non-food contact surfaces cleanable, properly designed, constructed, & used				
<u>48</u>	Warewashing facilities: installed, maintained, & used; test strips				
<u>49</u>	Non-food contact surfaces clean				
<b>Physical Facilities</b>					
<u>50</u>	Hot & cold water available; adequate pressure				
<u>51</u>	Plumbing installed; proper backflow devices				
<u>52</u>	Sewage & waste water properly disposed				
<u>53</u>	Toilet facilities: properly constructed, supplied, & cleaned				
<u>54</u>	Garbage & refuse properly disposed; facilities maintained				
<u>55</u>	Physical facilities installed, maintained, & clean				
<u>56</u>	Adequate ventilation & lighting; designated areas used				

  

Person in Charge (Signature) <u>Karen Ryan</u>	Date: <u>3/21/18</u>
Inspector (Signature) <u>Karen Ryan, R.S.</u>	Follow-up: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (Circle one) Follow-up Date: _____

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Establishment <u>Jolly Roger Golley</u>	SANITIZER LEVEL	License # <u>306283</u>
Current License Posted <u>UN</u>	CHEMICAL LOW TEMPERATURE DISH MACHINE <u>100ppm Chlorine</u>	
Certified Food Safety Manager <u>D.N.</u>	WIPING CLOTH BUCKET <u>200ppm QA</u>	
HIGH TEMPERATURE DISH MACHINE <u>Temperature</u>	SPRAY BOTTLES <u>200ppm QA</u>	
SANITIZER: <del>CHLORINE</del> QUATERNARY AMMONIUM, IODINE	MANUAL DISHWASHING (3 COMPARTMENT SINK) <u>N/A</u>	

TEMPERATURE OBSERVATIONS					
ITEM	LOCATION	TEMP	ITEM	LOCATION	TEMP
<u>Taco Meat</u>	<u>Crock Pot (HH)</u>	<u>156°F</u>	<u>Potato Salad</u>	<u>Gravel N Case Cooler</u>	<u>39°F</u>
<u>Pickles</u>	<u>Prep table</u>	<u>33°F</u>			
<u>Milk</u>	<u>Single Door Cooler</u>	<u>40°F</u>			
<u>Pasta</u>	<u>2 Door Cooler</u>	<u>36°F</u>			

### 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

Person in Charge (Signature) <u>Karen Ryan</u>	Date <u>3/21/18</u>
Inspector (Signature) <u>Kenn Peña, R.S.</u>	Date <u>3/21/18</u>