



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>The Korbin Group Kirke Collective</u>		No. of Risk Factor/Intervention Violations <u>0</u>	Date <u>8-28-19</u>
Address <u>320 E. Power</u>		No. of Repeat Risk Factor/Intervention Violations <u>0</u>	Time In <u>10:08A</u>
City <u>Glendive</u>	County: <u>Dawson</u>	Water: <input checked="" type="radio"/> City Private Public PWS# <u>229</u>	Time Out <u>10:42A</u>
Licensee: <u>Kara F. Schultz</u>	Email: <u>korbingroup@gmail.com</u>	Wastewater: <input checked="" type="radio"/> City Private Public MPDDS# <u>21628</u>	Risk Category
License # <u>F/FL 312489</u>	License Subtype(s):	Current water test Y/N	1 2 <u>3</u> 4
Purpose of Inspection: Regular <input checked="" type="checkbox"/> Follow-up ___ Pre-opening ___ Complaint ___ Illness ___ HACCP ___ Investigation ___ Other ___			

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Compliance Status		COS		R	
SUPERVISION					
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			
Employee Health					
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			
Good Hygienic Practices					
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			
Preventing Contamination by Hands					
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			
Approved Source					
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			
Protection from Contamination Arm					
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	
Time/Temperature Control for Safety					
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			
Consumer Advisory					
25	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Consumer advisory provided for raw or undercooked foods			
Highly Susceptible Populations					
26	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Pasteurized foods used; prohibited foods not offered			
Food/Color Additives and Toxic Substances					
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			
Conformance with Approved Procedures					
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

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

Person in Charge (Signature) Kara F. Schultz Date: 8-28-19

Inspector (Signature) Kevin Pena R.S. Follow-up: YES NO (Circle one) Follow-up Date: _____

