



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 Lamour Des Desserts	No. of Risk Factor/Intervention Violations 0	Date 7-2-19
Address 323 E. Barry	No. of Repeat Risk Factor/Intervention Violations 0	Time In 9:55A
City Glendive	County: Dawson	Water: <input checked="" type="radio"/> City Private Public PWS# 229
Licensee: Jonathan Bailey Email: jbsjeep@gmail.com	Wastewater: <input checked="" type="radio"/> City Private Public MPDDS# 21628	Time Out 10:35A
License # FL 313597	License Subtype(s): FS/C	Risk Category 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"/>	Current water test Y/N	

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS			
Compliance Status		Compliance Status	
IN=in compliance	OUT=not in compliance	N/A=not applicable	R=repeat violation
SUPERVISION			
<input checked="" type="radio"/>	OUT	Person in charge present, demonstrates knowledge, and performs duties	
<input checked="" type="radio"/>	OUT	Certified Food Protection Manager	
Employee Health			
<input checked="" type="radio"/>	OUT	Management, food employee and conditional employee, knowledge, responsibilities and reporting.	
<input checked="" type="radio"/>	OUT	Proper use of restriction and exclusion	
<input checked="" type="radio"/>	OUT	Procedures for responding to vomiting and diarrheal events	
Good Hygienic Practices			
<input checked="" type="radio"/>	OUT	N/O Proper eating, tasting, drinking, or tobacco use	
<input checked="" type="radio"/>	OUT	N/O No discharge from eyes, nose, and mouth	
Preventing Contamination by Hands			
<input checked="" type="radio"/>	OUT	N/O Hands clean & properly washed	
<input checked="" type="radio"/>	OUT	N/A N/O No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed	
<input checked="" type="radio"/>	OUT	Adequate handwashing sinks properly set up & accessible	
Approved Source			
<input checked="" type="radio"/>	OUT	Food obtained from approved source	
<input checked="" type="radio"/>	OUT	N/A N/O Food received at proper temperature	
<input checked="" type="radio"/>	OUT	Food in good condition, safe, & unadulterated	
<input checked="" type="radio"/>	OUT	N/A N/O Required records available: shellstock tags, parasite destruction	
Protection from Contamination Arm			
<input checked="" type="radio"/>	OUT	N/A N/O Food separated & protected	
<input checked="" type="radio"/>	OUT	N/A Food-contact surfaces: cleaned & sanitized	
<input checked="" type="radio"/>	OUT	Proper disposition of returned, previously served, reconditioned, & unsafe food	
Time/Temperature Control for Safety			
<input checked="" type="radio"/>	OUT	N/A N/O Proper cooking time & temperatures	
<input checked="" type="radio"/>	OUT	N/A N/O Proper reheating procedures for hot holding	
<input checked="" type="radio"/>	OUT	N/A N/O Proper cooling time & temperatures	
<input checked="" type="radio"/>	OUT	N/A N/O Proper hot holding temperatures	
<input checked="" type="radio"/>	OUT	N/A N/O Proper cold holding temperatures	
<input checked="" type="radio"/>	OUT	N/A N/O Proper date marking & disposition	
<input checked="" type="radio"/>	OUT	N/A N/O Time as a public health control: procedures & records	
Consumer Advisory			
<input checked="" type="radio"/>	OUT	N/A Consumer advisory provided for raw or undercooked foods	
Highly Susceptible Populations			
<input checked="" type="radio"/>	OUT	N/A Pasteurized foods used; prohibited foods not offered	
Food/Color Additives and Toxic Substances			
<input checked="" type="radio"/>	OUT	N/A Food additives: approved & properly used	
<input checked="" type="radio"/>	OUT	N/A Toxic substances properly identified, stored, & used	
Conformance with Approved Procedures			
<input checked="" type="radio"/>	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		Compliance Status	
IN=in compliance	OUT=not in compliance	N/A=not applicable	R=repeat violation
Safe Food and Water			
<input checked="" type="radio"/>	OUT	Pasteurized eggs used where required	
<input checked="" type="radio"/>	OUT	Water & ice from approved source	
<input checked="" type="radio"/>	OUT	Variance obtained for specialized processing methods	
Food Temperature Control			
<input checked="" type="radio"/>	OUT	Proper cooling methods used; adequate equipment for temperature control	
<input checked="" type="radio"/>	OUT	Plant food properly cooked for hot holding	
<input checked="" type="radio"/>	OUT	Approved thawing methods used	
<input checked="" type="radio"/>	OUT	Thermometers provided & accurate	
Food Identification			
<input checked="" type="radio"/>	OUT	Food properly labeled; original container	
Prevention of Food Contamination			
<input checked="" type="radio"/>	OUT	Insects, rodents, & animals not present	
<input checked="" type="radio"/>	OUT	Contamination prevented during food preparation, storage & display	
<input checked="" type="radio"/>	OUT	Personal cleanliness	
<input checked="" type="radio"/>	OUT	Wiping cloths: properly used & stored	
<input checked="" type="radio"/>	OUT	Washing fruits & vegetables	
Proper Use of Utensils			
<input checked="" type="radio"/>	OUT	In-use utensils: properly stored	
<input checked="" type="radio"/>	OUT	Utensils, equipment & linens: properly stored, dried, & handled	
<input checked="" type="radio"/>	OUT	Single-use/single-service articles: properly stored & used	
<input checked="" type="radio"/>	OUT	Gloves used properly	
Utensils, Equipment and Vending			
<input checked="" type="radio"/>	OUT	Food & non-food contact surfaces cleanable, properly designed, constructed, & used	
<input checked="" type="radio"/>	OUT	Warewashing facilities: installed, maintained, & used; test strips	
<input checked="" type="radio"/>	OUT	Non-food contact surfaces clean	
Physical Facilities			
<input checked="" type="radio"/>	OUT	Hot & cold water available; adequate pressure	
<input checked="" type="radio"/>	OUT	Plumbing installed; proper backflow devices	
<input checked="" type="radio"/>	OUT	Sewage & waste water properly disposed	
<input checked="" type="radio"/>	OUT	Toilet facilities: properly constructed, supplied, & cleaned	
<input checked="" type="radio"/>	OUT	Garbage & refuse properly disposed; facilities maintained	
<input checked="" type="radio"/>	OUT	Physical facilities installed, maintained, & clean	
<input checked="" type="radio"/>	OUT	Adequate ventilation & lighting; designated areas used	

Person in Charge (Signature) *[Signature]* Date: **7/2/19**

Inspector (Signature) *[Signature]* Follow-up: YES NO (Circle one) Follow-up Date:

