



# 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>Rub It Out BBQ</u>	No. of Risk Factor/Intervention Violations <u>1</u>	Date <u>6-7-19</u>
Address <u>317 Chestnut FP</u>	No. of Repeat Risk Factor/Intervention Violations <u>0</u>	Time In <u>10:20A</u>
City <u>Glendive</u> County: <u>Dawson</u>	Water: City Private <u>Public</u> PWS# _____	Time Out <u>10:38A</u>
Licensee: <u>Adam Vogel</u> Email: <u>adam.vogel183@yahoo.com</u>	Wastewater: City <u>Private</u> Public MPDPS# _____	Risk Category
License # <u>F/FL 313693</u> License Subtype(s): <u>MFS</u>	Current water test Y/N	1 <u>0</u> 2 <u>0</u> 3 <u>0</u> 4 <u>0</u>
Purpose of Inspection: Regular <u>X</u> Follow-up ___ Pre-opening ___ Complaint ___ Illness ___ HACCP ___ Investigation ___ Other ___		

## FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item. Mark "X" in appropriate box for COS and/or R. IN=in compliance, OUT=not in compliance, N/O=not observed, N/A=not applicable. COS=corrected on-site during inspection, R=repeat violation.

Compliance Status		cos	R
<b>SUPERVISION</b>			
1	IN OUT		
2	IN OUT N/A		
<b>Employee Health</b>			
3	IN OUT		
4	IN OUT		
5	IN OUT		
<b>Good Hygienic Practices</b>			
6	IN OUT N/O		
7	IN OUT N/O		
<b>Preventing Contamination by Hands</b>			
8	IN OUT N/O		
9	IN OUT N/A N/O		
10	IN OUT		
<b>Approved Source</b>			
11	IN OUT		
12	IN OUT N/A N/O		
13	IN OUT		
14	IN OUT N/A N/O		
<b>Protection from Contamination Arm</b>			
15	IN OUT N/A N/O		
16	IN OUT N/A		
17	IN OUT		

  

Compliance Status		cos	R
<b>Time/Temperature Control for Safety</b>			
18	IN OUT N/A N/O		
19	IN OUT N/A N/O		
20	IN OUT N/A N/O		
21	IN OUT N/A N/O		
22	IN OUT N/A N/O		
23	IN OUT N/A N/O		
24	IN OUT N/A N/O		
<b>Consumer Advisory</b>			
25	IN OUT N/A		
<b>Highly Susceptible Populations</b>			
26	IN OUT N/A		
<b>Food/Color Additives and Toxic Substances</b>			
27	IN OUT N/A		
28	IN OUT N/A		
<b>Conformance with Approved Procedures</b>			
29	IN OUT N/A		

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
<b>Safe Food and Water</b>			
30	Pasteurized eggs used where required		
31	Water & ice from approved source		
32	Variance obtained for specialized processing methods		
<b>Food Temperature Control</b>			
33	Proper cooling methods used; adequate equipment for temperature control		
34	Plant food properly cooked for hot holding		
35	Approved thawing methods used		
36	Thermometers provided & accurate		
<b>Food Identification</b>			
37	Food properly labeled; original container		
<b>Prevention of Food Contamination</b>			
38	Insects, rodents, & animals not present		
39	Contamination prevented during food preparation, storage & display		
40	Personal cleanliness		
41	Wiping cloths: properly used & stored		
42	Washing fruits & vegetables		

  

Compliance Status		cos	R
<b>Proper Use of Utensils</b>			
43	In-use utensils: properly stored		
44	Utensils, equipment & linens: properly stored, dried, & handled		
45	Single-use/single-service articles: properly stored & used		
46	Gloves used properly		
<b>Utensils, Equipment and Vending</b>			
47	Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
48	Warewashing facilities: installed, maintained, & used; test strips		
49	Non-food contact surfaces clean		
<b>Physical Facilities</b>			
50	Hot & cold water available; adequate pressure		
51	Plumbing installed; proper backflow devices		
52	Sewage & waste water properly disposed		
53	Toilet facilities: properly constructed, supplied, & cleaned		
54	Garbage & refuse properly disposed; facilities maintained		
55	Physical facilities installed, maintained, & clean		
56	Adequate ventilation & lighting; designated areas used		

Person in Charge (Signature) <u>[Signature]</u>	Date: <u>6-7-19</u>
Inspector (Signature) <u>[Signature]</u>	Follow-up: YES <u>NO</u> (Circle one) Follow-up Date: _____

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Establishment <u>Rub it out BBQ</u>	SANITIZER LEVEL	License # <u>313693</u>
Current License Posted <u>YN</u>	CHEMICAL LOW TEMPERATURE DISH MACHINE	
Certified Food Safety Manager <u>Y/N</u>	WIPING CLOTH BUCKET <u>100ppm</u>	
HIGH TEMPERATURE DISHMACHINE Temperature	SPRAY BOTTLES	
SANITIZER: CHLORINE, QUATERNARY AMMONIUM, IODINE	MANUAL DISHWASHING (3 COMPARTMENT SINK) <u>N/D</u>	

TEMPERATURE OBSERVATIONS					
ITEM	LOCATION	TEMP	ITEM	LOCATION	TEMP
<u>Max N Cheese</u>	<u>Sodge</u>	<u>41°F</u>			
	<u>Freezer</u>	<u>10°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
<u>2</u>	<u>(2-102, 12A) No CFPM currently on staff. Please attend training as soon as possible.</u>	<u>ASAP</u>

Person in Charge (Signature) <u>[Signature]</u>	Date <u>6-7-19</u>
Inspector (Signature) <u>Kevin Pera, R.S.</u>	Date <u>6-7-19</u>