



# 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 <b>Sweet Creations</b>	No. of Risk Factor/Intervention Violations <b>0</b>	Date <b>11/14/19</b>
Address <b>310 N. Kendrick Ave</b>	No. of Repeat Risk Factor/Intervention Violations <b>0</b>	Time In <b>4:12PM</b>
City <b>Glendive</b>	County: <b>Dawson</b>	Time Out <b>4:28PM</b>
Licensee: <b>Michelle/Denise Mittelstaed</b>	Water: <input checked="" type="radio"/> City Private Public PWS# <b>229</b>	Risk Category
License # <b>FL 306206</b>	Wastewater: <input checked="" type="radio"/> City Private Public MPDDS# <b>21628</b>	1 <input checked="" type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/>
License Subtype(s): <b>FC/S</b>	Current water test Y/N	
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

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	Compliance Status		cos	R
<b>SUPERVISION</b>							
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					
<b>Employee Health</b>							
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					
<b>Good Hygienic Practices</b>							
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					
<b>Preventing Contamination by Hands</b>							
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					
<b>Approved Source</b>							
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					
<b>Protection from Contamination Arm</b>							
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					
<b>Time/Temperature Control for Safety</b>							
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					
<b>Consumer Advisory</b>							
25	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Consumer advisory provided for raw or undercooked foods					
<b>Highly Susceptible Populations</b>							
26	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Pasteurized foods used; prohibited foods not offered					
<b>Food/Color Additives and Toxic Substances</b>							
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					
<b>Conformance with Approved Procedures</b>							
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	Compliance Status		cos	R
<b>Safe Food and Water</b>							
30	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Pasteurized eggs used where required					
31	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Water & ice from approved source					
32	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Variance obtained for specialized processing methods					
<b>Food Temperature Control</b>							
33	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Proper cooling methods used; adequate equipment for temperature control					
34	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Plant food properly cooked for hot holding					
35	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Approved thawing methods used					
36	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Thermometers provided & accurate					
<b>Food Identification</b>							
37	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Food properly labeled; original container					
<b>Prevention of Food Contamination</b>							
38	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Insects, rodents, & animals not present					
39	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Contamination prevented during food preparation, storage & display					
40	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Personal cleanliness					
41	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Wiping cloths: properly used & stored					
42	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Washing fruits & vegetables					
<b>Proper Use of Utensils</b>							
43	<input checked="" type="radio"/> IN <input type="radio"/> OUT	In-use utensils: properly stored					
44	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Utensils, equipment & linens: properly stored, dried, & handled					
45	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Single-use/single-service articles: properly stored & used					
46	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Gloves used properly					
<b>Utensils, Equipment and Vending</b>							
47	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Food & non-food contact surfaces cleanable, properly designed, constructed, & used					
48	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Warewashing facilities: installed, maintained, & used; test strips					
49	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Non-food contact surfaces clean					
<b>Physical Facilities</b>							
50	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Hot & cold water available; adequate pressure					
51	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Plumbing installed; proper backflow devices					
52	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Sewage & waste water properly disposed					
53	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Toilet facilities: properly constructed, supplied, & cleaned					
54	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Garbage & refuse properly disposed; facilities maintained					
55	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Physical facilities installed, maintained, & clean					
56	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Adequate ventilation & lighting; designated areas used					

Person in Charge (Signature) Denise Mittelstaed Date: 11/14/19

Inspector (Signature) Karen Peña R.S. Follow-up: YES  NO  (Circle one) Follow-up Date: \_\_\_\_\_

# Retail Food Establishment Inspection Form part II

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Establishment Sweet Creations      SANITIZER LEVEL      License # 306206

Current License Posted  Y  N      CHEMICAL LOW TEMPERATURE DISH MACHINE

Certified Food Safety Manager  Y  N      WIPING CLOTH BUCKET 100 ppm

HIGH TEMPERATURE DISH MACHINE      Temperature      SPRAY BOTTLES

SANITIZER CHLORINE, QUATERNARY AMMONIUM, IODINE      MANUAL DISHWASHING (3 COMPARTMENT SINK) 100 ppm

TEMPERATURE OBSERVATIONS					
ITEM	LOCATION	TEMP	ITEM	LOCATION	TEMP
<u>Cookers</u>	<u>Oven</u>	<u>350°F</u>			
<u>Butter</u>	<u>Fridge</u>	<u>39°F</u>			
	<u>Freezer</u>	<u>6.8°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) Dennis Mitchell      Date 11/14/19  
 Inspector (Signature) Kenn Peña, R.S.      Date 11/14/19