



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>VFW Club</u>		No. of Risk Factor/Intervention Violations <u>0</u>		Date <u>6-26-19</u>
Address <u>218 S. Merrill</u>		No. of Repeat Risk Factor/Intervention Violations <u>0</u>		Time In <u>3:00P</u>
City <u>Glendive</u>	County: <u>Dawson</u>	Water: <input checked="" type="radio"/> City Private Public PWS# <u>229</u>	Time Out <u>3:24P</u>	
Licensee: <u>VFW</u>	Email: <u>None given</u>	Wastewater: <input checked="" type="radio"/> City Private Public MPDDS# <u>21628</u>	Risk Category	
License # <u>(F) FL 0038</u>	License Subtype(s): <u>EE, TOB</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

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				
SUPERVISION											
1	<input checked="" type="radio"/> IN <input type="radio"/> OUT			18	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O						
Person in charge present, demonstrates knowledge, and performs duties				Time/Temperature Control for Safety							
2	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A			19	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O						
Certified Food Protection Manager				Proper cooking time & temperatures							
Employee Health											
3	<input checked="" type="radio"/> IN <input type="radio"/> OUT			20	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O						
Management, food employee and conditional employee, knowledge, responsibilities and reporting.				Proper reheating procedures for hot holding							
4	<input checked="" type="radio"/> IN <input type="radio"/> OUT			21	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O						
Proper use of restriction and exclusion				Proper cooling time & temperatures							
5	<input checked="" type="radio"/> IN <input type="radio"/> OUT			22	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O						
Procedures for responding to vomiting and diarrheal events				Proper hot holding temperatures							
Good Hygienic Practices											
6	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O			23	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O						
Proper eating, tasting, drinking, or tobacco use				Proper cold holding temperatures							
7	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O			24	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O						
No discharge from eyes, nose, and mouth				Proper date marking & disposition							
Preventing Contamination by Hands											
8	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O			Time as a public health control: procedures & records							
Hands clean & properly washed				Consumer Advisory							
9	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			25	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A						
No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed				Consumer advisory provided for raw or undercooked foods							
10	<input checked="" type="radio"/> IN <input type="radio"/> OUT			Highly Susceptible Populations							
Adequate handwashing sinks properly set up & accessible				26	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A						
Approved Source											
11	<input checked="" type="radio"/> IN <input type="radio"/> OUT			Pasteurized foods used; prohibited foods not offered							
Food obtained from approved source				Food/Color Additives and Toxic Substances							
12	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			27	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A						
Food received at proper temperature				Food additives: approved & properly used							
13	<input checked="" type="radio"/> IN <input type="radio"/> OUT			28	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A						
Food in good condition, safe, & unadulterated				Toxic substances properly identified, stored, & used							
14	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Conformance with Approved Procedures							
Required records available: shellstock tags, parasite destruction				29	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A						
Protection from Contamination Arm											
15	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Compliance with variance/specialized process/HACCP							
Food separated & protected				<div style="border: 1px solid black; padding: 5px;"> <p>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.</p> </div>							
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											

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				
Safe Food and Water											
30	<input checked="" type="checkbox"/>			Proper Use of Utensils							
Pasteurized eggs used where required				43	<input checked="" type="checkbox"/>						
31	<input checked="" type="checkbox"/>			In-use utensils: properly stored							
Water & ice from approved source				44	<input checked="" type="checkbox"/>						
32	<input checked="" type="checkbox"/>			Utensils, equipment & linens: properly stored, dried, & handled							
Variance obtained for specialized processing methods				45	<input checked="" type="checkbox"/>						
Food Temperature Control											
33	<input checked="" type="checkbox"/>			Single-use/single-service articles: properly stored & used							
Proper cooling methods used; adequate equipment for temperature control				46	<input checked="" type="checkbox"/>						
34	<input checked="" type="checkbox"/>			Gloves used properly							
Plant food properly cooked for hot holding				Utensils, Equipment and Vending							
35	<input checked="" type="checkbox"/>			47	<input checked="" type="checkbox"/>						
Approved thawing methods used				Food & non-food contact surfaces cleanable, properly designed, constructed, & used							
36	<input checked="" type="checkbox"/>			48	<input checked="" type="checkbox"/>						
Thermometers provided & accurate				Warewashing facilities: installed, maintained, & used; test strips							
Food Identification											
37	<input checked="" type="checkbox"/>			Non-food contact surfaces clean							
Food properly labeled; original container				Physical Facilities							
Prevention of Food Contamination											
38	<input checked="" type="checkbox"/>			50	<input checked="" type="checkbox"/>						
Insects, rodents, & animals not present				Hot & cold water available; adequate pressure							
39	<input checked="" type="checkbox"/>			51	<input checked="" type="checkbox"/>						
Contamination prevented during food preparation, storage & display				Plumbing installed; proper backflow devices							
40	<input checked="" type="checkbox"/>			52	<input checked="" type="checkbox"/>						
Personal cleanliness				Sewage & waste water properly disposed							
41	<input checked="" type="checkbox"/>			53	<input checked="" type="checkbox"/>						
Wiping cloths: properly used & stored				Toilet facilities: properly constructed, supplied, & cleaned							
42	<input checked="" type="checkbox"/>			54	<input checked="" type="checkbox"/>						
Washing fruits & vegetables				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) [Signature] Date: 6/26/19
 Inspector (Signature) [Signature] Follow-up: YES NO (Circle one) Follow-up Date: _____

Retail Food Establishment Inspection Form part II Page 2 of 2

Establishment VFW Club SANITIZER LEVEL License # 0038

Current License Posted Y N CHEMICAL LOW TEMPERATURE DISH MACHINE

Certified Food Safety Manager Y N WIPING CLOTH BUCKET N/O

HIGH TEMPERATURE DISH MACHINE Temperature SPRAY BOTTLES

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

TEMPERATURE OBSERVATIONS

ITEM	LOCATION	TEMP	ITEM	LOCATION	TEMP
	<u>Drink table Cooler</u>	<u>39°F</u>			
	<u>Sliding Door Cooler</u>	<u>38°F</u>			
	<u>Freezer</u>	<u>-12°F</u>			
	<u>Fridge</u>	<u>38°F</u>			

OBSERVATIONS AND CORRECTIVE ACTIONS

Code Reference	Violations cited in this report must be corrected with the time frame listed, as stated in 8-405.11.	Correction Date
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Good Work!!

Email: VFW125@midrivers.com

Person in Charge (Signature) [Signature] Date 6/26/19

Inspector (Signature) Rena Peña, R.S. Date 6/26/19