



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>Washington School</u>	No. of Risk Factor/Intervention Violations <u>0</u>	Date <u>5-9-19</u>
Address <u>500 N. Meade</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: <input checked="" type="radio"/> City Private Public PWS# <u>229</u>	Time Out <u>11:03A</u>
Licensee: <u>Glendive Schools</u> Email: <u>annes@glendiveschools.com</u>	Wastewater: <input checked="" type="radio"/> City Private Public MPDDS# <u>21628</u>	Risk Category
License # <u>F FL 15915</u> License Subtype(s): <u>SC</u>	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					
<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Person in charge present, demonstrates knowledge, and performs duties			
<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> NA	Certified Food Protection Manager		
Employee Health					
<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Management, food employee and conditional employee, knowledge, responsibilities and reporting.			
<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Proper use of restriction and exclusion			
<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Procedures for responding to vomiting and diarrheal events			
Good Hygienic Practices					
<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/O	Proper eating, tasting, drinking, or tobacco use		
<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					
<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/O	Hands clean & properly washed		
<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	
<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Adequate handwashing sinks properly set up & accessible			
Approved Source					
<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Food obtained from approved source			
<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input type="radio"/> N/O	Food received at proper temperature	
<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Food in good condition, safe, & unadulterated			
<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					
<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input type="radio"/> N/O	Food separated & protected	
<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	Food-contact surfaces: cleaned & sanitized		
<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Proper disposition of returned, previously served, reconditioned, & unsafe food			

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		COS		R	
Safe Food and Water					
<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Pasteurized eggs used where required			
<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Water & ice from approved source			
<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Variance obtained for specialized processing methods			
Food Temperature Control					
<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Proper cooling methods used; adequate equipment for temperature control			
<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Plant food properly cooked for hot holding			
<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Approved thawing methods used			
<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Thermometers provided & accurate			
Food Identification					
<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Food properly labeled; original container			
Prevention of Food Contamination					
<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Insects, rodents, & animals not present			
<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Contamination prevented during food preparation, storage & display			
<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Personal cleanliness			
<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Wiping cloths: properly used & stored			
<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Washing fruits & vegetables			
Proper Use of Utensils					
<input checked="" type="radio"/> IN	<input type="radio"/> OUT	In-use utensils: properly stored			
<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Utensils, equipment & linens: properly stored, dried, & handled			
<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Single-use/single-service articles: properly stored & used			
<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Gloves used properly			
Utensils, Equipment and Vending					
<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Food & non-food contact surfaces cleanable, properly designed, constructed, & used			
<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Warewashing facilities: installed, maintained, & used; test strips			
<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Non-food contact surfaces clean			
Physical Facilities					
<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Hot & cold water available; adequate pressure			
<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Plumbing installed; proper backflow devices			
<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Sewage & waste water properly disposed			
<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Toilet facilities: properly constructed, supplied, & cleaned			
<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Garbage & refuse properly disposed; facilities maintained			
<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Physical facilities installed, maintained, & clean			
<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Adequate ventilation & lighting; designated areas used			

Person in Charge (Signature) <u>Cheryl Unruh</u>	Date: <u>5-9-19</u>
Inspector (Signature) <u>Kenneth R.S.</u>	Follow-up: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> (Circle one)
Follow-up Date: _____	

