


## Retail Food Establishment Inspection

As Governed by Title 50, Chapter 50 Montana Code Annotated (MCA) and the Administrative Rules of Montana (ARM): Title 37, Chapter 110, Subchapter 2

 <p style="font-size: small;">CITY-COUNTY HEALTH DEPARTMENT</p>	Cascade City-County Health Department 115 4th Street South Great Falls, MT 59401 406-454-6950	<b>PWS ID</b>  <b>Waste Water</b>	<b>Date</b> <u>04/16/2019</u>  <b>Time In</b> <u>12:00 am</u> <b>Time Out</b> <u>12:01 am</u>	
	<b>Establishment</b> SAMPLE	<b>Address</b>	<b>City/State</b> GREAT FALLS, MT	<b>Zip Code</b> 59401
<b>License/Permit #</b>	<b>Owner</b> SAMPLE	<b>Purpose of Inspection</b> ROUTINE INSPECTION		
<b>Risk Category</b>	<b>No. of Repeat Risk Factor/Intervention Violations</b> 0	<b>No. of Risk Factor/Intervention Violations</b> 0		
IN = Check this box if the item was observed to be in compliance    OUT = Check this box to indicate this item was observed as out of compliance    N/A = Check this box if this item was not applicable during this inspection    N/O = Use this box if the item is not observed.    COS = Use this box if the violation was corrected onsite.    R = Check this box if the violation is a repeat violation.				
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS				
1	PERSON IN CHARGE PRESENT, DEMONSTRATES KNOWLEDGE, AND PERFORMS DUTIES <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> COS <input type="checkbox"/> R			
2	CERTIFIED FOOD PROTECTION MANAGER <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> COS <input type="checkbox"/> R			
Employee Health				
3	MANAGEMENT, FOOD EMPLOYEE AND CONDITIONAL EMPLOYEE, KNOWLEDGE, RESPONSIBILITIES AND REPORTING <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> COS <input type="checkbox"/> R			
4	PROPER USE OF RESTRICTION AND EXCLUSION <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> COS <input type="checkbox"/> R			
5	PROCEDURES FOR RESPONDING TO VOMITING AND DIARRHEAL EVENTS <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> COS <input type="checkbox"/> R			
Good Hygienic Practices				
6	PROPER EATING, TASTING, DRINKING, OR TOBACCO USE <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> R			
7	NO DISCHARGE FROM EYES, NOSE, AND MOUTH <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> R			
Preventing Contamination by Hands				
8	HANDS CLEAN AND PROPERLY WASHED <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> R			
9	NO BARE HAND CONTACT WITH RTE FOOD OR A PRE-APPROVED ALTERNATIVE PROCEDURE PROPERLY ALLOWED <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> R			
10	ADEQUATE HANDWASHING SINKS PROPERLY SET UP AND ACCESSIBLE <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> COS <input type="checkbox"/> R			
Approved Source				
11	FOOD OBTAINED FROM APPROVED SOURCE <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> COS <input type="checkbox"/> R			
12	FOOD RECEIVED AT PROPER TEMPERATURE <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> R			
13	FOOD IN GOOD CONDITION, SAFE, AND UNADULTERATED <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> COS <input type="checkbox"/> R			
14	REQUIRED RECORDS AVAILABLE: SHELLSTOCK TAGS, PARASITE DESTRUCTION <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> R			

**FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS**

**Protection from Contamination**

15	FOOD SEPARATED AND PROTECTED
	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> R
16	FOOD-CONTACT SURFACES: CLEANED AND SANITIZED
	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> COS <input type="checkbox"/> R
17	PROPER DISPOSITION OF RETURNED, PREVIOUSLY SERVED, RECONDITIONED, AND UNSAFE FOOD
	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> COS <input type="checkbox"/> R

**Time/Temperature Control for Safety**

18	PROPER COOKING TIME AND TEMPERATURES
	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> R
19	PROPER REHEATING PROCEDURES FOR HOT HOLDING
	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> R
20	PROPER COOLING TIME AND TEMPERATURES
	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> R
21	PROPER HOT HOLDING TEMPERATURES
	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> R
22	PROPER COLD HOLDING TEMPERATURES
	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> R
23	PROPER DATE MARKING AND DISPOSITION
	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> R
24	TIME AS A PUBLIC HEALTH CONTROL: PROCEDURES AND RECORDS
	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> R

**Consumer Advisory**

25	CONSUMER ADVISORY PROVIDED FOR RAW OR UNDERCOOKED FOODS
	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> COS <input type="checkbox"/> R

**Highly Susceptible Populations**

26	PASTEURIZED FOODS USED: PROHIBITED FOODS NOT OFFERED
	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> COS <input type="checkbox"/> R

**Food/Color Additives and Toxic Substances**

27	FOOD ADDITIVES: APPROVED AND PROPERLY USED
	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> COS <input type="checkbox"/> R
28	TOXIC SUBSTANCES PROPERLY IDENTIFIED, STORED, AND USED
	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> COS <input type="checkbox"/> R

**Conformance with Approved Procedures**

29	COMPLIANCE WITH VARIANCE/SPECIALIZED PROCESS/HACCP
	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> COS <input type="checkbox"/> R

**GOOD RETAIL PRACTICES**

**Safe Food and Water**

30	PASTEURIZED EGGS USED WHERE REQUIRED
	<input type="checkbox"/> OUT <input type="checkbox"/> COS <input type="checkbox"/> R
31	WATER AND ICE FROM APPROVED SOURCE
	<input type="checkbox"/> OUT <input type="checkbox"/> COS <input type="checkbox"/> R
32	VARIANCE OBTAINED FOR SPECIALIZED PROCESSING METHODS
	<input type="checkbox"/> OUT <input type="checkbox"/> COS <input type="checkbox"/> R

**Food Temperature Control**

33	PROPER COOLING METHODS USED; ADEQUATE EQUIPMENT FOR TEMPERATURE CONTROL
	<input type="checkbox"/> OUT <input type="checkbox"/> COS <input type="checkbox"/> R
34	PLANT FOOD PROPERLY COOKED FOR HOT HOLDING
	<input type="checkbox"/> OUT <input type="checkbox"/> COS <input type="checkbox"/> R
35	APPROVED THAWING METHODS USED
	<input type="checkbox"/> OUT <input type="checkbox"/> COS <input type="checkbox"/> R
36	THERMOMETERS PROVIDED AND ACCURATE
	<input type="checkbox"/> OUT <input type="checkbox"/> COS <input type="checkbox"/> R

GOOD RETAIL PRACTICES	
<b>Food Identification</b>	
37	FOOD PROPERLY LABELED; ORIGINAL CONTAINER <input type="checkbox"/> OUT <input type="checkbox"/> COS <input type="checkbox"/> R
<b>Prevention of Food Contamination</b>	
38	INSECTS, RODENTS, AND ANIMALS NOT PRESENT <input type="checkbox"/> OUT <input type="checkbox"/> COS <input type="checkbox"/> R
39	CONTAMINATION PREVENTED DURING FOOD PREPARATION, STORAGE, AND DISPLAY <input type="checkbox"/> OUT <input type="checkbox"/> COS <input type="checkbox"/> R
40	PERSONAL CLEANLINESS <input type="checkbox"/> OUT <input type="checkbox"/> COS <input type="checkbox"/> R
41	WIPING CLOTHS: PROPERLY USED AND STORED <input type="checkbox"/> OUT <input type="checkbox"/> COS <input type="checkbox"/> R
42	WASHING FRUITS AND VEGETABLES <input type="checkbox"/> OUT <input type="checkbox"/> COS <input type="checkbox"/> R
<b>Proper Use of Utensils</b>	
43	IN-USE UTENSILS: PROPERLY STORED <input type="checkbox"/> OUT <input type="checkbox"/> COS <input type="checkbox"/> R
44	UTENSILS, EQUIPMENT, AND LINENS: PROPERLY STORED, DRIED, AND HANDLED <input type="checkbox"/> OUT <input type="checkbox"/> COS <input type="checkbox"/> R
45	SINGLE-USE/SINGLE-SERVICE ARTICLES: PROPERLY STORED AND USED <input type="checkbox"/> OUT <input type="checkbox"/> COS <input type="checkbox"/> R
46	GLOVES USED PROPERLY <input type="checkbox"/> OUT <input type="checkbox"/> COS <input type="checkbox"/> R
<b>Utensils, Equipment and Vending</b>	
47	FOOD AND NON-FOOD CONTACT SURFACES CLEANABLE, PROPERLY DESIGNED, CONSTRUCTED, AND USED <input type="checkbox"/> OUT <input type="checkbox"/> COS <input type="checkbox"/> R
48	WAREWASHING FACILITIES: INSTALLED, MAINTAINED, AND USED; TEST STRIPS <input type="checkbox"/> OUT <input type="checkbox"/> COS <input type="checkbox"/> R
49	NON-FOOD CONTACT SURFACES CLEAN <input type="checkbox"/> OUT <input type="checkbox"/> COS <input type="checkbox"/> R
<b>Physical Facilities</b>	
50	HOT AND COLD WATER AVAILABLE; ADEQUATE PRESSURE <input type="checkbox"/> OUT <input type="checkbox"/> COS <input type="checkbox"/> R
51	PLUMBING INSTALLED; PROPER BACKFLOW DEVICES <input type="checkbox"/> OUT <input type="checkbox"/> COS <input type="checkbox"/> R
52	SEWAGE AND WASTE WATER PROPERLY DISPOSED <input type="checkbox"/> OUT <input type="checkbox"/> COS <input type="checkbox"/> R
53	TOILET FACILITIES: PROPERLY CONSTRUCTED, SUPPLIED, AND CLEANED <input type="checkbox"/> OUT <input type="checkbox"/> COS <input type="checkbox"/> R
54	GARBAGE AND REFUSE PROPERLY DISPOSED; FACILITIES MAINTAINED <input type="checkbox"/> OUT <input type="checkbox"/> COS <input type="checkbox"/> R
55	PHYSICAL FACILITIES INSTALLED, MAINTAINED AND CLEAN <input type="checkbox"/> OUT <input type="checkbox"/> COS <input type="checkbox"/> R
56	ADEQUATE VENTILATION AND LIGHTING; DESIGNATED AREAS USED <input type="checkbox"/> OUT <input type="checkbox"/> COS <input type="checkbox"/> R
<b>REQUIRED OBSERVATIONS</b>	
57	CURRENT LICENSE POSTED <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> R

**Measured Observations**

No Measured Observations

**Inspection Images**

Total # of Images: 0

**Overall Inspection Comments:**

**Overall Inspection Comments**

**Signatures**

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Follow-up: NO

Follow-up Date: