



**STATE OF MONTANA**  
**Food & Consumer Safety Section**  
**Department of Public Health & Human Services**

Date \_\_\_\_\_

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**Bed & Breakfast Establishment Inspection Report**

Facility Name \_\_\_\_\_ License \_\_\_\_\_ Phone \_\_\_\_\_  
 Owner \_\_\_\_\_ Operator/Manager/Resident \_\_\_\_\_  
 Location Address \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_  
 Inspection Purpose: Regular \_\_\_\_\_ Follow-up \_\_\_\_\_ Complaint \_\_\_\_\_ Illness Investigation \_\_\_\_\_ Pre-opening \_\_\_\_\_ Other \_\_\_\_\_

REQUIREMENT (REFERENCE: ARM TITLE 37, CHAPTER 111, SUBCHAPTER 3)	IN	OUT	NOT OBSERVED	N/A
<b>Guest number</b> maximum is 18.		----	-----	-----
<b>Owner/manager</b> occupies residence.		----	-----	-----
<b>Guest register</b> maintained, kept for one year.				-----
<b>Water supply</b> potable, adequate, safe temp ( $\leq 120^{\circ}\text{F}$ ). If public water supply, PWSID #: _____ If not public system, then 2 coliform tests per yr (Apr-Jun & Aug-Oct), 1 nitrate every 3 yrs. Date/result of last coliform: _____ Date/result of last nitrate: _____ Separate nonpotable water supply posted w/ warning. No cross-connection. Backflow prevention. Repaired/replaced when failed/unsafe/inadequate.				-----
<b>Wastewater system</b> safe & adequate. DEQ or local permit #:				-----
<b>Solid waste</b> storage, disposal adequate. <b>Pest control</b> effective.				-----
<b>Swimming pools/spas</b> licensed, meets ARM 37.111.10,11. Sauna clean. Towels clean.				
<b>Food</b> preparers use good hygienic practices, not infectious w/ food-carried disease. Food supplies/sources safe & approved. (Farm eggs may be used if guests advised.) Food, equipment & utensils protected from contamination. Guest food segregated & labeled if kept in refrigerator. Potentially hazardous foods held at safe temp. Prepared foods dated. $\geq 135^{\circ}\text{F}$ ; $\leq 45^{\circ}\text{F}$ in original container; prepared food $\leq 45^{\circ}\text{F}$ for $\leq 4$ days or $\leq 41^{\circ}\text{F}$ for $\leq 7$ days. Food preparation, thawing, cooking, cooling & reheating safe. Hot foods cooled to $70^{\circ}\text{F}$ in 2 hrs, then to $\leq 45^{\circ}\text{F}$ in 4 hrs. Food equipment adequate, clean & sanitized. If serving $\leq 10$ meals/day, must have 3-compartment sink or dish machine that reaches $150^{\circ}\text{F}$ during final rinse or drying. If serving $>10$ meals/day, must have 3-compartment sink even if approved dish machine used. If licensed before July 1, 2003, must meet food equipment requirements by July 1, 2008. Third sink has chlorine 50 ppm, wiping clothes 100 ppm chlorine, or other approved sanitizer.				
<b>Handwashing</b> sink dedicated. B&Bs serving $\leq 10$ meals/day may use a compartment of dishwashing sink. Handwashing facilities convenient. Hot & cold water. Soap & disposable towels provided.				-----
<b>Toilet facilities</b> convenient & accessible, doors kept closed, vented, clean & supplied.				-----
<b>Floors/walls/ceilings/furnishings/fixtures</b> cleanable, clean & in good repair. Lighting adequate. Carpeting in food preparation & toilet areas closely woven construction.				-----
<b>Laundry</b> mechanical washer supplies $120^{\circ}\text{F}$ . Hot air tumble dryer or iron used. Hands washed between handling dirty & clean laundry. Handwashing facilities convenient. Clean & dirty laundry separated, no cross-contamination. Clean laundry protected.				-----
<b>Pets</b> kept out of kitchen, dining & laundry areas during times of use. Birds kept out of kitchen, dining & laundry areas, away from air ducts at all times.				
<b>Housekeeping</b> provided at least every 3 days, between guests, shared bathrooms daily. Cleaners for bathrooms contain disinfectant. Deodorizers not used unless rooms are clean. Supplies separated by purpose, stored safely. Storage area clean.				-----
<b>Blood-born pathogen</b> protection practiced. Gloves, disposable towels, cleaners, labeled bags; skin washed, eyes flushed if in contact.				-----
<b>Toxics</b> stored, used, labeled properly. <b>First aid</b> supplies on hand. <b>Emergency exit</b> info given.				-----

Report Received By \_\_\_\_\_ Title \_\_\_\_\_

Inspector \_\_\_\_\_ Phone \_\_\_\_\_ Follow-up inspection required: Yes / No

Email: \_\_\_\_\_