



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 Failure to comply with any time limits for corrections of critical item violations may result in cessation of food service operations." [ARM 37.110.239 (5)]

| | | |
|--|--|---|
| Establishment UNOS LOUNGE | No. of Risk Factor/Intervention Violations 0 | Date 6-01-2018 |
| Address 3235 HARRISON AVE | No. of Repeat Risk Factor/Intervention Violations 0 | Time In 02:17:05 |
| City BUTTE County: Silver Bow | Water: PWS# MT000017 | Time Out 02:26:53 |
| Licensee: JACK E DATRES JR | Wastewater: MPDDS# | Risk Category |
| License # F 32229 | License Types (s): Tavern or Bar | Current water test <u>1</u> <input checked="" type="checkbox"/> <u>2</u> <input type="checkbox"/> <u>3</u> <input type="checkbox"/> <u>4</u> <input type="checkbox"/> |
| 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 | IN | Person in charge present, demonstrates knowledge, and performs duties | | | 18 | N/A | Proper cooking time & temperatures | | |
| 2 | N/A | Certified Food Protection Manager | | | 19 | N/A | Proper reheating procedures for hot holding | | |
| Employee Health | | | | | | | | | |
| 3 | IN | Management, food employee and conditional employee, knowledge, responsibilities and reporting. | | | 20 | N/A | Proper cooling time & temperatures | | |
| 4 | IN | Proper use of restriction and exclusion | | | 21 | N/A | Proper hot holding temperatures | | |
| 5 | IN | Procedures for responding to vomiting and diarrheal events | | | 22 | IN | Proper cold holding temperatures | | |
| Good Hygienic Practices | | | | | | | | | |
| 6 | IN | Proper eating, tasting, drinking, or tobacco use | | | 23 | IN | Proper date marking & disposition | | |
| 7 | IN | No discharge from eyes, nose, and mouth | | | 24 | N/A | Time as a public health control: procedures & records | | |
| Preventing Contamination by Hands | | | | | | | | | |
| 8 | N/O | Hands clean & properly washed | | | Consumer Advisory | | | | |
| 9 | IN | No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed | | | 25 | N/A | Consumer advisory provided for raw or undercooked foods | | |
| 10 | IN | Adequate handwashing sinks properly set up & accessible | | | Highly Susceptible Populations | | | | |
| Approved Source | | | | | | | | | |
| 11 | IN | Food obtained from approved source | | | 26 | N/A | Pasteurized foods used; prohibited foods not offered | | |
| 12 | IN | Food received at proper temperature | | | Food/Color Additives and Toxic Substances | | | | |
| 13 | IN | Food in good condition, safe, & unadulterated | | | 27 | N/A | Food additives: approved & properly used | | |
| 14 | N/A | Required records available: shellstock tags, parasite destruction | | | 28 | IN | Toxic substances properly identified, stored, & used | | |
| Protection from Contamination Arm | | | | | | | | | |
| 15 | IN | Food separated & protected | | | Conformance with Approved Procedures | | | | |
| 16 | IN | Food-contact surfaces: cleaned & sanitized | | | 29 | N/A | Compliance with variance/specialized process/HACCP | | |
| 17 | IN | Proper disposition of returned, previously served, reconditioned, & unsafe food | | | <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> | | | | |

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

| Safe Food and Water | | | COS | R | Proper Use of Utensils | | | COS | R |
|--|--|---|-----|---|--|--|--|-----|---|
| 30 | | Pasteurized eggs used where required | | | 43 | | In-use utensils: properly stored | | |
| 31 | | Water & ice from approved source | | | 44 | | Utensils, equipment & linens: properly stored, dried, & handled | | |
| 32 | | Variance obtained for specialized processing methods | | | 45 | | Single-use/single-service articles: properly stored & used | | |
| Food Temperature Control | | | | | | | | | |
| 33 | | Proper cooling methods used; adequate equipment for temperature control | | | 46 | | Gloves used properly | | |
| 34 | | Plant food properly cooked for hot holding | | | Utensils, Equipment and Vending | | | | |
| 35 | | Approved thawing methods used | | | 47 | | Food & non-food contact surfaces cleanable, properly designed, constructed, & used | | |
| 36 | | Thermometers provided & accurate | | | 48 | | Warewashing facilities: installed, maintained, & used; test strips | | |
| Food Identification | | | | | | | | | |
| 37 | | Food properly labeled; original container | | | 49 | | Non-food contact surfaces clean | | |
| Prevention of Food Contamination | | | | | | | | | |
| 38 | | Insects, rodents, & animals not present | | | Physical Facilities | | | | |
| 39 | | Contamination prevented during food preparation, storage & display | | | 50 | | Hot & cold water available; adequate pressure | | |
| 40 | | Personal cleanliness | | | 51 | | Plumbing installed; proper backflow devices | | |
| 41 | | Wiping cloths: properly used & stored | | | 52 | | Sewage & waste water properly disposed | | |
| 42 | | Washing fruits & vegetables | | | 53 | | Toilet facilities: properly constructed, supplied, & cleaned | | |
| Person in Charge (Signature) <i>[Signature]</i> Date: 6-1-18 | | | | | | | | | |

| | | |
|---|----------------------|------------------------|
| Inspector (Signature) <i>[Signature]</i> | Follow-up: NO | Follow-up Date: |
|---|----------------------|------------------------|

Retail Food Establishment Inspection Form part II

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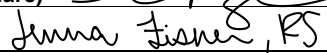
| | | |
|---------------------------------------|---|--------------------------|
| Establishment UNOS LOUNGE | SANITIZER LEVEL | License # F 32229 |
| | CHEMICAL LOW TEMPERATURE DISH MACHINE | 0.0 |
| Current License Posted ARM 37.110.238 | YES | WIPING CLOTH BUCKET |
| | | 0.0 |
| Certified Food Safety Manager | YES | SPRAY BOTTLES |
| | | 0.0 |
| SANITIZER: CHLORINE, | MANUAL DISHWASHING (3 COMPARTMENT SINK) | 50.0 |

TEMPERATURE OBSERVATIONS

| Item/Location | Temp | Item/Location | Temp | Item/Location | Temp |
|---------------|------|---------------|------|---------------|------|
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OBSERVATIONS AND CORRECTIVE ACTIONS

| ARM Code Reference | Violations cited in this report must be corrected withing the time frame listed, or as stated in ARM 37.110.239. | Correction Date |
|--------------------|--|-----------------|
| note | No violations at time of inspection. | 6-01-2018 |
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|-------------------------------------|---|-------------|--------|
| Person in Charge (Signature) |  | Date | 6-1-18 |
| Inspector (Signature) |  | Date | 6-1-18 |