



# 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)]

|                               |  |  |                                    |                      |  |
|-------------------------------|--|--|------------------------------------|----------------------|--|
| <b>Establishment</b>          | HAVANAHS CASINO & LOUNGE, INC  | <b>No. of Risk Factor/Intervention Violations</b>        | 0                                  | <b>Date</b>          | 3-22-2018  |
| <b>Address</b>                | 916 E FRONT STREET   | <b>No. of Repeat Risk Factor/Intervention Violations</b> | 0                                  | <b>Time In</b>       | 10:25:09   |
| <b>City</b>                   | BUTTE  | <b>County:</b>   | Silver Bow                         | <b>Water:</b>        | City PWS# MT000017   |
| <b>Licensee:</b>              | GLENN ERICKSON   | <b>Wastewater:</b>                                       | City MPDDS#                        | <b>Time Out</b>      | 11:12:37   |
| <b>License #</b>              | FL 15240   | <b>License Types (s):</b>                                | EATING ESTABLISHMENT TAVERN OR BAR | <b>Risk Category</b> | 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> |
| <b>Purpose of Inspection:</b> | 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

| Compliance Status                        |     | COS  |  | R |  |
|--|-----|--|--|---|--|
| <b>SUPERVISION</b>                       |     |  |  |   |  |
| 1  | IN  | Person in charge present, demonstrates knowledge, and performs duties                          |  |   |  |
| 2  | N/A | Certified Food Protection Manager  |  |   |  |
| <b>Employee Health</b>                   |     |  |  |   |  |
| 3  | IN  | Management, food employee and conditional employee, knowledge, responsibilities and reporting. |  |   |  |
| 4  | IN  | Proper use of restriction and exclusion  |  |   |  |
| 5  | IN  | Procedures for responding to vomiting and diarrheal events                                     |  |   |  |
| <b>Good Hygienic Practices</b>           |     |  |  |   |  |
| 6  | N/O | Proper eating, tasting, drinking, or tobacco use   |  |   |  |
| 7  | IN  | No discharge from eyes, nose, and mouth  |  |   |  |
| <b>Preventing Contamination by Hands</b> |     |  |  |   |  |
| 8  | N/O | Hands clean & properly washed  |  |   |  |
| 9  | N/A | No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed    |  |   |  |
| 10                                       | IN  | Adequate handwashing sinks properly set up & accessible  |  |   |  |
| <b>Approved Source</b>                   |     |  |  |   |  |
| 11                                       | N/A | Food obtained from approved source   |  |   |  |
| 12                                       | N/A | Food received at proper temperature  |  |   |  |
| 13                                       | N/A | Food in good condition, safe, & unadulterated  |  |   |  |
| 14                                       | N/A | Required records available: shellstock tags, parasite destruction                              |  |   |  |
| <b>Protection from Contamination Arm</b> |     |  |  |   |  |
| 15                                       | N/A | Food separated & protected   |  |   |  |
| 16                                       | IN  | Food-contact surfaces: cleaned & sanitized   |  |   |  |
| 17                                       | N/A | Proper disposition of returned, previously served, reconditioned, & unsafe food                |  |   |  |

  

| Compliance Status                                  |     | COS   |  | R |  |
|--|-----|---|--|---|--|
| <b>Potentially Hazardous Food Time/Temperature</b> |     |   |  |   |  |
| 18   | N/A | Proper cooking time & temperatures                      |  |   |  |
| 19   | N/A | Proper reheating procedures for hot holding             |  |   |  |
| 20   | N/A | Proper cooling time & temperatures                      |  |   |  |
| 21   | N/A | Proper hot holding temperatures                         |  |   |  |
| 22   | IN  | Proper cold holding temperatures                        |  |   |  |
| 23   | N/A | Proper date marking & disposition                       |  |   |  |
| 24   | N/A | Time as a public health control: procedures & records   |  |   |  |
| <b>Consumer Advisory</b>                           |     |   |  |   |  |
| 25   | N/A | Consumer advisory provided for raw or undercooked foods |  |   |  |
| <b>Highly Susceptible Populations</b>              |     |   |  |   |  |
| 26   | N/A | Pasteurized foods used; prohibited foods not offered    |  |   |  |
| <b>Food/Color Additives and Toxic Substances</b>   |     |   |  |   |  |
| 27   | N/A | Food additives: approved & properly used                |  |   |  |
| 28   | IN  | Toxic substances properly identified, stored, & used    |  |   |  |
| <b>Conformance with Approved Procedures</b>        |     |   |  |   |  |
| 29   | N/A | Compliance with variance/specialized process/HACCP      |  |   |  |

**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 |  |
|--|--|---|--|---|--|
| 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 <b>not</b> in compliance Mark "X" in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation |  |   |  |   |  |
| <b>Safe Food and Water</b>   |  |   |  |   |  |
| 30   |  | Pasteurized eggs used where required                                    |  |   |  |
| 31   |  | Water & ice from approved source  |  |   |  |
| 32   |  | Variance obtained for specialized processing methods                    |  |   |  |
| <b>Food Temperature Control</b>  |  |   |  |   |  |
| 33   |  | Proper cooling methods used; adequate equipment for temperature control |  |   |  |
| 34   |  | Plant food properly cooked for hot holding                              |  |   |  |
| 35   |  | Approved thawing methods used   |  |   |  |
| 36   |  | Thermometers provided & accurate  |  |   |  |
| <b>Food Identification</b>   |  |   |  |   |  |
| 37   |  | Food properly labeled; original container                               |  |   |  |
| <b>Prevention of Food Contamination</b>  |  |   |  |   |  |
| 38   |  | Insects, rodents, & animals not present                                 |  |   |  |
| 39   |  | Contamination prevented during food preparation, storage & display      |  |   |  |
| 40   |  | Personal cleanliness  |  |   |  |
| 41   |  | Wiping cloths: properly used & stored                                   |  |   |  |
| 42   |  | Washing fruits & vegetables   |  |   |  |

  

| Compliance Status                      |  | COS  |  | R |  |
|--|--|--|--|---|--|
| <b>Proper Use of Utensils</b>          |  |  |  |   |  |
| 43                                     |  | In-use utensils: properly stored   |  |   |  |
| 44                                     |  | Utensils, equipment & linens: properly stored, dried, & handled                    |  |   |  |
| 45                                     |  | Single-use/single-service articles: properly stored & used                         |  |   |  |
| 46                                     |  | Gloves used properly   |  |   |  |
| <b>Utensils, Equipment and Vending</b> |  |  |  |   |  |
| 47                                     |  | Food & non-food contact surfaces cleanable, properly designed, constructed, & used |  |   |  |
| 48                                     |  | Warewashing facilities: installed, maintained, & used; test strips                 |  |   |  |
| 49                                     |  | Non-food contact surfaces clean  |  |   |  |
| <b>Physical Facilities</b>             |  |  |  |   |  |
| 50                                     |  | Hot & cold water available; adequate pressure                                      |  |   |  |
| 51                                     |  | Plumbing installed; proper backflow devices  |  |   |  |
| 52                                     |  | Sewage & waste water properly disposed   |  |   |  |
| 53                                     |  | Toilet facilities: properly constructed, supplied, & cleaned                       |  |   |  |
| 54                                     |  | Garbage & refuse properly disposed; facilities maintained                          |  |   |  |
| 55                                     |  | Physical facilities installed, maintained, & clean                                 |  |   |  |
| 56                                     |  | Adequate ventilation & lighting; designated areas used                             |  |   |  |

|                                     |  |                        |           |
|-------------------------------------|--|------------------------|-----------|
| <b>Person in Charge (Signature)</b> |  | <b>Date:</b>           | 3/22/2018 |
| <b>Inspector (Signature)</b>        |  | <b>Follow-up:</b>      | NO        |
|                                     |  | <b>Follow-up Date:</b> |           |

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|  |   |                           |
|--|---|---------------------------|
| <b>Establishment</b> HAVANAHS CASINO & LOUNGE, INC | <b>SANITIZER LEVEL</b>                  | <b>License #</b> FL 15240 |
|  | CHEMICAL LOW TEMPERATURE DISH MACHINE   | 0.0                       |
| Current License Posted ARM 37.110.238              | NO                                      | WIPING CLOTH BUCKET       |
|  |   | 0.0                       |
| Certified Food Safety Manager                      | YES                                     | SPRAY BOTTLES             |
|  |   | 0.0                       |
| SANITIZER: QUATERNARY,                             | MANUAL DISHWASHING (3 COMPARTMENT SINK) | 200.0                     |

### TEMPERATURE OBSERVATIONS

| Item/Location     | Temp | Item/Location | Temp | Item/Location | Temp |
|-------------------|------|---------------|------|---------------|------|
| Creamer, Reach In | 37.0 |               |      |               |      |
|                   |      |               |      |               |      |
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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.   |                 |
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|-------------------------------------|-----------------------|
| <b>Person in Charge (Signature)</b> | <b>Date</b> 3/22/2018 |
| <b>Inspector (Signature)</b>        | <b>Date</b> 3/22/2018 |