



Wholesale Food Inspection Report

Governed by Montana Code Annotated Title 50, Chapter 57 and Administrative Rules Montana (ARM) Title 37, Chapter 110, Sub-chapter 3. Foodborne Illness Risk Factor violations are priority items that should be corrected on-site during the inspection. Failure to comply with any time limits for corrections of critical (priority) item violations may result in cessation of food service operations.

Establishment Summit Valley Bottled Water	No. of Risk Factor Violations 0	Date 7-28-2021
Address 1504 Holmes Ave	No. of Good Wholesale Practice Violations 0	Time In 10:45
City Butte	County Silver Bow	Water City On-Site System Other
Licensee Name Bottled Water Co.	Email: huftash@yahoo.com	Wastewater City On-Site System Other
Establishment Telephone 782-9807	License # M8271	
Purpose of Inspection <input checked="" type="checkbox"/> Routine <input checked="" type="checkbox"/> Follow-up <input type="checkbox"/> Pre-licensing <input type="checkbox"/> Complaint <input type="checkbox"/> Other (specify)		

FOODBORNE ILLNESS RISK FACTORS

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	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			Person in charge present, demonstrates knowledge, performs duties			
2	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	N/A		Required training for special processing, documentation			
Employee Health							
3	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			Management, food workers knowledge, responsibilities and reporting			
4	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			Proper use of restriction and exclusion			
5	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			Procedures for responding to vomit and diarrhea events			
Good Hygienic Practices							
6	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	N/O		Proper eating, tasting, drinking, or tobacco use			
7	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	N/O		No discharge from eyes, nose or mouth			
Preventing Contamination by Hands							
8	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	N/O		Hands clean, properly washed			
9	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	N/A	N/O	No bare-hand contact with ready-to-eat foods OR pre-approved alternative followed			
10	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			Handwashing sinks adequate, accessible, supplied			
Approved Source							
11	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			Food obtained from approved source			
12	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	N/A	N/O	Food received at proper temperature			
13	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			Food in good condition, safe, unadulterated			
14	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	N/A	N/O	Required records available: shellstock tags, parasite destruction			
Protection from Contamination							
15	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	N/A		Food separated, protected			
16	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	N/A		Food-contact surfaces: cleaned, sanitized			
17	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			Proper disposition of returned, previously served, reconditioned, unsafe food			
Food Temperatures, Procedures, Records							
18	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	N/A	N/O	Proper COOKING time, temperatures			
19	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	N/A	N/O	Proper RE-HEATING procedures for hot holding			
20	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	N/A	N/O	Proper COOLING time, temperatures			
Notes							
21	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	N/A	N/O	Proper HOT-HOLDING temperatures			
22	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	N/A		Proper COLD-HOLDING temperatures			
23	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	N/A	N/O	Proper date marking, disposal times			
24	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	N/A	N/O	Time as public health control: procedures, records			
Highly Susceptible Populations							
25	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	N/A		Pasteurized foods used; prohibited foods not offered			
Food Additives, Colors, Toxic Substances							
26	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	N/A		Food additives: approved, properly used			
27	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			Toxic substances properly identified, stored, used			
Conformance with Processes, Approved Procedures							
28	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	N/A		Compliance with HACCP plan, Specialized Processing			

RISK FACTORS marked **OUT** are improper practices or procedures identified by CDC as the most prevalent that contribute to foodborne illness or injury.

GOOD MANUFACTURING PRACTICES

Good Manufacturing 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

Compliance Status		COS	R	Compliance Status		COS	R
Safe Food and Water							
29	<input type="checkbox"/>			Pasteurized eggs used where required			
30	<input type="checkbox"/>			Water, ice from approved source			
31	<input type="checkbox"/>			Variance obtained when required			
Food Temperature Control							
32	<input type="checkbox"/>			Proper cooling methods used; adequate equipment for temperature control			
33	<input type="checkbox"/>			Plant food properly cooked for hot holding			
34	<input type="checkbox"/>			Approved thawing methods used			
35	<input type="checkbox"/>			Thermometers provided, accurate			
Food Identification							
36	<input type="checkbox"/>			Food properly labeled; original container			
Prevention of Food Contamination							
37	<input type="checkbox"/>			Insects, rodents, animals not present			
38	<input type="checkbox"/>			Contamination during food preparation, storage, display			
39	<input type="checkbox"/>			Personal cleanliness			
40	<input type="checkbox"/>			Wiping cloths: properly used, stored			
41	<input type="checkbox"/>			Washing fruits, vegetables			
Proper Use of Utensils							
42	<input type="checkbox"/>			In-use utensils: properly stored			
43	<input type="checkbox"/>			Utensils, equipment, linens: properly stored, dried, handled			
44	<input type="checkbox"/>			Single-use/single-service articles: properly stored, used			
45	<input type="checkbox"/>			Gloves used properly			
Utensils, Equipment and Vending							
46	<input type="checkbox"/>			Food, non-food contact surfaces: cleanable, properly designed, constructed, used			
47	<input type="checkbox"/>			Warewashing facilities: installed, maintained, used; Test strip			
48	<input type="checkbox"/>			Non-food contact surfaces clean			
Physical Facilities							
49	<input type="checkbox"/>			Hot, cold water available; adequate pressure			
50	<input type="checkbox"/>			Plumbing installed; proper backflow devices			
51	<input type="checkbox"/>			Sewage, waste-water properly disposed			
52	<input type="checkbox"/>			Toilet facilities: properly constructed, supplied, cleaned			
53	<input type="checkbox"/>			Garbage, refuse properly disposed; facilities maintained			
54	<input type="checkbox"/>			Physical facilities installed, maintained, clean			
55	<input type="checkbox"/>			Adequate ventilation, lighting; designated areas used			

Person in Charge (Signature) Peggy Huft	Date 7-28-2021
Inspector (Signature) Jenna Fisher, RS	Follow-up Needed YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	Follow-up Date NA