



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 <u>Culligan water</u>	No. of Risk Factor Violations	Date <u>8-18-21</u>
Address <u>1006 S Montana</u>	No. of Good Wholesale Practice Violations	Time In <u>10:30</u>
City <u>Butte</u> County <u>Silver Bow</u>	Water <u>On-Site System</u> <u>MT 00039400</u> Other	Time Out <u>10:45</u>
Licensee Name <u>Mark Hauser</u>	Wastewater On-Site System Other <u>city</u>	
Establishment Telephone <u>782-2400</u>	License # <u>M3056234</u>	
Purpose of Inspection Routine <input checked="" type="checkbox"/> Follow-up <input type="checkbox"/> Pre-licensing <input type="checkbox"/> Complaint <input type="checkbox"/> Other (specify) <input type="checkbox"/>		

FOODBORNE ILLNESS RISK FACTORS

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

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

Person in Charge (Signature) <u>Linda Stroup</u>	Date <u>8-18-21</u>
Inspector (Signature) <u>Jenna Fisher, PS</u>	Follow-up Needed YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	Follow-up Date <u>N/A</u>

no violations @ time of inspection.