



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 | HAVANAHS CASINO & LOUNGE, INC | No. of Risk Factor/Intervention Violations | 1 | Date | 1-27-2020 |
| Address | 916 E FRONT STREET | No. of Repeat Risk Factor/Intervention Violations | 0 | Time In | 02:31:11 |
| City | BUTTE | County: | Silver Bow | Water: | City PWS# MT000017 |
| Licensee: | GLENN ERICKSON | Wastewater: | City MPDDS# | Time Out | 03:31:27 |
| License # | FL 15240 | License Types (s): | EATING ESTABLISHMENTTAVERN OR BAR | Risk Category | 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <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

| Compliance Status | | COS | | R | |
|---|-----|---|--|---|--|
| <p>Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item Mark "X" in appropriate box for COS and/or R</p> <p>IN=in compliance OUT=not in compliance N/O=not observed N/A=not applicable COS=corrected on-site during inspection R=repeat violation</p> | | | | | |
| SUPERVISION | | | | | |
| 1 | IN | Person in charge present, demonstrates knowledge, and performs duties | | | |
| 2 | N/A | Certified Food Protection Manager | | | |
| Employee Health | | | | | |
| 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 | | | |
| Good Hygienic Practices | | | | | |
| 6 | IN | Proper eating, tasting, drinking, or tobacco use | | | |
| 7 | IN | No discharge from eyes, nose, and mouth | | | |
| Preventing Contamination by Hands | | | | | |
| 8 | IN | Hands clean & properly washed | | | |
| 9 | IN | No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed | | | |
| 10 | OUT | Adequate handwashing sinks properly set up & accessible | | | |
| Approved Source | | | | | |
| 11 | IN | Food obtained from approved source | | | |
| 12 | N/O | Food received at proper temperature | | | |
| 13 | IN | Food in good condition, safe, & unadulterated | | | |
| 14 | N/A | Required records available: shellstock tags, parasite destruction | | | |
| Protection from Contamination Arm | | | | | |
| 15 | IN | Food separated & protected | | | |
| 16 | IN | Food-contact surfaces: cleaned & sanitized | | | |
| 17 | IN | Proper disposition of returned, previously served, reconditioned, & unsafe food | | | |

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

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|--|--|--|--|--|--|
| <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

| Compliance Status | | COS | | R | |
|---|--|---|--|---|--|
| <p>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</p> <p>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</p> | | | | | |
| Safe Food and Water | | | | | |
| 30 | | Pasteurized eggs used where required | | | |
| 31 | | Water & ice from approved source | | | |
| 32 | | Variance obtained for specialized processing methods | | | |
| Food Temperature Control | | | | | |
| 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 | | | |
| Food Identification | | | | | |
| 37 | | Food properly labeled; original container | | | |
| Prevention of Food Contamination | | | | | |
| 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 | |
|--|--|--|--|---|--|
| Proper Use of Utensils | | | | | |
| 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 | | | |
| Utensils, Equipment and Vending | | | | | |
| 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 | | | |
| Physical Facilities | | | | | |
| 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 | | | |

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| Person in Charge (Signature) taneeshya j sedminik | Date: 1/27/2020 |
| Inspector (Signature) Stephannie Moodry R.S. | Follow-up: NO Follow-up Date: |

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|--|---|---------------------|---------------------------|
| Establishment HAVANAHS CASINO & LOUNGE, INC | SANITIZER LEVEL | | License # 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 |
|-------------------------|------|---------------------------------|------|---------------|------|
| back bar cooler - juice | 38.0 | front grab cooler - 1/2 and 1/2 | 40.0 | walk In - kag | 36.0 |
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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 |
|--------------------|--|-----------------|
| 6-301.11 | Hand washing sink did not have soap or paper towels. Supply by the end of the shift 1/27/2020. | |
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| Person in Charge (Signature) Taneeshya j sedminik | Date 1/27/2020 |
| Inspector (Signature) Stepahnie Moodry R.S. | Date 1/27/2020 |