



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

Establishment Jokers Wlld		No. of Risk Factor/Intervention Violations		Date 10-5-2021
Address 1201 S Montana St		No. of Repeat Risk Factor/Intervention Violations		Time In 11:30
City Butte	County: Silver Bow	Water: <input type="checkbox"/> City Private Public PWS# _____	Time Out 12:00	
Licensee: Donna Mccarthy	Email:	Wastewater: <input type="checkbox"/> City Private Public MPDDS# _____	Risk Category	
License # F (FL) 313454	License Subtype(s): Retail Food Establishment	Current water test Y/N <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		
Purpose of Inspection: Regular <input checked="" type="checkbox"/> Follow-up ___ Pre-opening ___ Complaint ___ Illness ___ HACCP ___ Investigation ___ Other ___				

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</p> <p>IN=in compliance OUT=not in compliance N/O=not observed N/A=not applicable</p> <p>Mark "X" in appropriate box for COS and/or R</p> <p>COS=corrected on-site during inspection R=repeat violation</p>					
SUPERVISION					
1	<input checked="" type="checkbox"/> OUT	Person in charge present, demonstrates knowledge, and performs duties			
2	<input checked="" type="checkbox"/> OUT NA	Certified Food Protection Manager			
Employee Health					
3	<input checked="" type="checkbox"/> OUT	Management, food employee and conditional employee, knowledge, responsibilities and reporting.			
4	<input checked="" type="checkbox"/> OUT	Proper use of restriction and exclusion			
5	<input checked="" type="checkbox"/> OUT	Procedures for responding to vomiting and diarrheal events			
Good Hygienic Practices					
6	<input checked="" type="checkbox"/> OUT N/O	Proper eating, tasting, drinking, or tobacco use			
7	<input checked="" type="checkbox"/> OUT N/O	No discharge from eyes, nose, and mouth			
Preventing Contamination by Hands					
8	<input checked="" type="checkbox"/> OUT N/O	Hands clean & properly washed			
9	<input checked="" type="checkbox"/> OUT N/A N/O	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed			
10	<input checked="" type="checkbox"/> OUT	Adequate handwashing sinks properly set up & accessible			
Approved Source					
11	<input checked="" type="checkbox"/> OUT	Food obtained from approved source			
12	<input checked="" type="checkbox"/> OUT N/A N/O	Food received at proper temperature			
13	<input checked="" type="checkbox"/> OUT	Food in good condition, safe, & unadulterated			
14	<input checked="" type="checkbox"/> IN OUT N/A N/O	Required records available: shellstock tags, parasite destruction			
Protection from Contamination Arm					
15	<input checked="" type="checkbox"/> OUT N/A N/O	Food separated & protected			
16	<input checked="" type="checkbox"/> OUT N/A	Food-contact surfaces: cleaned & sanitized			
17	<input checked="" type="checkbox"/> OUT	Proper disposition of returned, previously served, reconditioned, & unsafe food			
Time/Temperature Control for Safety					
18	<input checked="" type="checkbox"/> IN OUT N/A N/O	Proper cooking time & temperatures			
19	<input checked="" type="checkbox"/> IN OUT N/A N/O	Proper reheating procedures for hot holding			
20	<input checked="" type="checkbox"/> IN OUT N/A N/O	Proper cooling time & temperatures			
21	<input checked="" type="checkbox"/> IN OUT N/A N/O	Proper hot holding temperatures			
22	<input checked="" type="checkbox"/> IN OUT N/A N/O	Proper cold holding temperatures			
23	<input checked="" type="checkbox"/> IN OUT N/A N/O	Proper date marking & disposition			
24	<input checked="" type="checkbox"/> IN OUT N/A N/O	Time as a public health control: procedures & records			
Consumer Advisory					
25	<input checked="" type="checkbox"/> IN OUT N/A	Consumer advisory provided for raw or undercooked foods			
Highly Susceptible Populations					
26	<input checked="" type="checkbox"/> IN OUT N/A	Pasteurized foods used; prohibited foods not offered			
Food/Color Additives and Toxic Substances					
27	<input checked="" type="checkbox"/> IN OUT N/A	Food additives: approved & properly used			
28	<input checked="" type="checkbox"/> IN OUT N/A	Toxic substances properly identified, stored, & used			
Conformance with Approved Procedures					
29	<input checked="" type="checkbox"/> IN OUT 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	
<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</p> <p>Mark "X" in appropriate box for COS and/or R</p> <p>COS=corrected on-site during inspection R=repeat violation</p>					
Safe Food and Water					
30	<input checked="" type="checkbox"/>	Pasteurized eggs used where required			
31	<input checked="" type="checkbox"/>	Water & ice from approved source			
32	<input checked="" type="checkbox"/>	Variance obtained for specialized processing methods			
Food Temperature Control					
33	<input checked="" type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control			
34	<input checked="" type="checkbox"/>	Plant food properly cooked for hot holding			
35	<input checked="" type="checkbox"/>	Approved thawing methods used			
36	<input checked="" type="checkbox"/>	Thermometers provided & accurate			
Food Identification					
37	<input checked="" type="checkbox"/>	Food properly labeled; original container			
Prevention of Food Contamination					
38	<input checked="" type="checkbox"/>	Insects, rodents, & animals not present			
39	<input checked="" type="checkbox"/>	Contamination prevented during food preparation, storage & display			
40	<input checked="" type="checkbox"/>	Personal cleanliness			
41	<input checked="" type="checkbox"/>	Wiping cloths: properly used & stored			
42	<input checked="" type="checkbox"/>	Washing fruits & vegetables			
Proper Use of Utensils					
43	<input checked="" type="checkbox"/>	In-use utensils: properly stored			
44	<input checked="" type="checkbox"/>	Utensils, equipment & linens: properly stored, dried, & handled			
45	<input checked="" type="checkbox"/>	Single-use/single-service articles: properly stored & used			
46	<input checked="" type="checkbox"/>	Gloves used properly			
Utensils, Equipment and Vending					
47	<input checked="" type="checkbox"/>	Food & non-food contact surfaces cleanable, properly designed, constructed, & used			
48	<input checked="" type="checkbox"/>	Warewashing facilities: installed, maintained, & used; test strips			
49	<input checked="" type="checkbox"/>	Non-food contact surfaces clean			
Physical Facilities					
50	<input checked="" type="checkbox"/>	Hot & cold water available; adequate pressure			
51	<input checked="" type="checkbox"/>	Plumbing installed; proper backflow devices			
52	<input checked="" type="checkbox"/>	Sewage & waste water properly disposed			
53	<input checked="" type="checkbox"/>	Toilet facilities: properly constructed, supplied, & cleaned			
54	<input checked="" type="checkbox"/>	Garbage & refuse properly disposed; facilities maintained			
55	<input checked="" type="checkbox"/>	Physical facilities installed, maintained, & clean			
56	<input checked="" type="checkbox"/>	Adequate ventilation & lighting; designated areas used			

Person in Charge (Signature) <i>Kathleen Wood</i>	Date: 10-5-21
Inspector (Signature) <i>Jenna Fisher, RS</i>	Follow-up: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (Circle one) Follow-up Date: