



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 EMERSON | No. of Risk Factor/Intervention Violations 0 | Date 3-18-2021 |
| Address 1924 PHILLIPS AVE | No. of Repeat Risk Factor/Intervention Violations 0 | Time In 01:28:22 |
| City BUTTE County: Silver Bow | Water: PWS# MT000017 | Time Out 01:37:15 |
| Licensee: BUTTE SCHOOL DIST NO 1 | Wastewater: MPDDS# | Risk Category |
| License # F 304618 | License Types (s): SCHOOL CAFETERIA | Current water test 1 2 3 4 |
| 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

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 | IN | | | 18 | N/A | | |
| 2 | IN | | | 19 | N/A | | |
| Employee Health | | | | | | | |
| 3 | IN | | | 20 | N/A | | |
| 4 | IN | | | 21 | N/O | | |
| 5 | IN | | | 22 | IN | | |
| Good Hygienic Practices | | | | | | | |
| 6 | IN | | | 23 | IN | | |
| 7 | IN | | | 24 | N/A | | |
| Preventing Contamination by Hands | | | | | | | |
| 8 | IN | | | Consumer Advisory | | | |
| 9 | IN | | | 25 | N/A | | |
| 10 | IN | | | Highly Susceptible Populations | | | |
| Approved Source | | | | | | | |
| 11 | IN | | | 26 | N/A | | |
| 12 | N/O | | | Food/Color Additives and Toxic Substances | | | |
| 13 | IN | | | 27 | N/A | | |
| 14 | N/A | | | 28 | IN | | |
| Protection from Contamination Arm | | | | | | | |
| 15 | IN | | | Conformance with Approved Procedures | | | |
| 16 | IN | | | 29 | N/A | | |
| 17 | IN | | | <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

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 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 | | | | | | | |
| 30 | | | | Proper Use of Utensils | | | |
| 31 | | | | 43 | | | |
| 32 | | | | 44 | | | |
| Food Temperature Control | | | | | | | |
| 33 | | | | 45 | | | |
| 34 | | | | 46 | | | |
| 35 | | | | Utensils, Equipment and Vending | | | |
| 36 | | | | 47 | | | |
| Food Identification | | | | | | | |
| 37 | | | | 48 | | | |
| Prevention of Food Contamination | | | | | | | |
| 38 | | | | 49 | | | |
| 39 | | | | Physical Facilities | | | |
| 40 | | | | 50 | | | |
| 41 | | | | 51 | | | |
| 42 | | | | 52 | | | |
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Person in Charge (Signature) Marthaller, Kurt **Date:** 3/18/2021
Inspector (Signature) Stephani Moodry R.S. **Follow-up:** NO **Follow-up Date:**

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| | | |
|---------------------------------------|---|---------------------------|
| Establishment EMERSON | SANITIZER LEVEL | License # F 304618 |
| | CHEMICAL LOW TEMPERATURE DISH MACHINE | 0.0 |
| Current License Posted ARM 37.110.238 | YES | 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 |
|------------------------------|------|-------------------------------|------|--|------|
| upright in kitchen - ambient | 38.0 | milk cooler in kitchen - milk | 38.0 | backroom storage - milk cooler ambient | 40.0 |
| backroom upright - ambient | 40.0 | | | | |
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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 noted at the time of inspection. | |
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| Person in Charge (Signature) Marthaller, Kurt | Date 3/18/2021 |
| Inspector (Signature) Stephanie Moodry R.S. | Date 3/18/2021 |