



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>Summit Valley Bottled Water</u>	No. of Risk Factor Violations <u>0</u>	Date <u>10/5/22</u>
Address <u>1504 Holmes</u>	No. of Good Wholesale Practice Violations <u>0</u>	Time In <u>1:30</u>
City <u>Butte</u> County <u>Silver Bow</u>	Water On-Site System <input type="checkbox"/> Other <u>City</u>	Time Out <u>2:00</u>
Licensee Name <u>Bottled Water Inc.</u>	Wastewater On-Site System <input type="checkbox"/> Other <u>City</u>	
Establishment Telephone <u>494-4044</u>	License # <u>8271</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							
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																	
Supervision						Food Temperatures, Procedures, Records											
1	IN	OUT				18	IN	OUT	N/A	N/O	Proper COOKING time, temperatures						
2	IN	OUT		N/A		19	IN	OUT	N/A	N/O	Proper RE-HEATING procedures for hot holding						
Employee Health						Notes											
3	IN	OUT				20	IN	OUT	N/A	N/O	Proper COOLING time, temperatures						
4	IN	OUT				<div style="border: 1px solid black; padding: 5px;"> RISK FACTORS marked OUT are improper practices or procedures identified by CDC as the most prevalent that contribute to foodborne illness or injury. </div>											
5	IN	OUT															
Good Hygienic Practices																	
6	IN	OUT		N/O								21	IN	OUT	N/A	N/O	Proper HOT-HOLDING temperatures
7	IN	OUT		N/O								22	IN	OUT	N/A		Proper COLD-HOLDING temperatures
Preventing Contamination by Hands												23	IN	OUT	N/A	N/O	Proper date marking, disposal times
8	IN	OUT		N/O								24	IN	OUT	N/A	N/O	Time as public health control: procedures, records
9	IN	OUT		N/A	N/O							Highly Susceptible Populations					
10	IN	OUT										25	IN	OUT	N/A		Pasteurized foods used; prohibited foods not offered
Approved Source												Food Additives, Colors, Toxic Substances					
11	IN	OUT				26	IN	OUT	N/A		Food additives: approved, properly used						
12	IN	OUT		N/A	N/O	27	IN	OUT			Toxic substances properly identified, stored, used						
13	IN	OUT				Conformance with Processes, Approved Procedures											
14	IN	OUT		N/A	N/O	28	IN	OUT	N/A		Compliance with HACCP plan, Specialized Processing						
Protection from Contamination																	
15	IN	OUT		N/A													
16	IN	OUT		N/A													
17	IN	OUT															

GOOD MANUFACTURING PRACTICES

Compliance Status		cos		R		Compliance Status		cos		R	
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											
Safe Food and Water						Proper Use of Utensils					
29						42					
30						43					
31						44					
Food Temperature Control						Utensils, Equipment and Vending					
32						46					
33						47					
34						48					
35						Physical Facilities					
Food Identification						49					
36						50					
Prevention of Food Contamination						51					
37						52					
38						53					
39						54					
40						55					
41											
Person in Charge (Signature) <u>Peggy Smith</u>						Date <u>10-5-22</u>					
Inspector (Signature) <u>John P. ...</u>						Follow-up Needed YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Follow-up Date					