			Food Establis	shm	en	t I	nsp	ection	Report				
As Governed by						No. of Risk Factor/Intervention Violations : 0 No. of Repeat Risk Factor/Intervention Violations : 0 Time Outline Outline State Time Outline State							
Establishment Address zTest RSH Establishment - Mike 123 Main Billings MT 59101								State gs / MT	Zip Code 59101	Telephone (406) 652-6520			
License/Permit # Permit Holder TEST Mike								ose of ection	Risk Cat Category 0	Est. Type 8. Water Hauler			
			DBORNE ILLNESS RISK										
IN=in compliance OUT=not in compliance N/O=not observed N/A=not applicable COS=corrected on-site during inspection R=repeat violation													
	Com	Compliance Status					Compliance Status COS R Potentially Hazardous Food Time/Temperature						
1	TN	Supervision N PIC present, demonstrates knowledge, and performs duties		. –	\neg	1.	6 TN		ing time & temperatures	i illier i elliperature			
			ee Health	, <u> </u>		1			ating procedures for hot	holdina	-H		
2	IN	Management awareness; poli			\neg l	1			ng time & temperatures	noiding	-		
3			Proper use of reporting, exclusion & restriction		=	1			olding temperatures				
		<u> </u>	enic Practice		_	2			holding temperatures				
4	IN	Proper eating, tasting, drinkir		\Box		2			marking & disposition				
5	IN	No discharge from eyes, nose	, and mouth			2			ublic health control: proc	edures & records			
		Preventing Conta	mination by Hands						Consumer Advi	sory			
6	IN	Hands clean & properly wash	ed			2	3 IN	Consumer a	dvisory provided for raw	or undercooked foods			
7	IN	No bare hands contact with R	TE foods or approved alternat	:e 🔲				Н	ighly Susceptible Po	pulations			
_		method properly followed			I	2	4 IN	Pasteurized	foods used; prohibited fo	oods not offered			
8	IN	Adequate handwashing facilit							Chemical				
0	TAI	• • • • • • • • • • • • • • • • • • • •	d Source		—I	2			es: approved & properly				
9		Food obtained from approved				2	6 IN		nces properly identified,	•			
10		Food received at proper temp						Confo	rmance with Approv	ed Procedures			
11		Food in good condition, safe,		$ \vdash$ \vdash		2	7 IN	Compliance	with variance, specialized	d process, & HACCP pl	an 📗		
12	IN	Required records available: sl destruction	helistock tags, parasite	Ш	Ш		<u> </u>						
		Protection from Contamination							improper practices or procedures identified				
13	IN	Food separated & protected					most prevalent contributing factors of foodborne illness or injury. Public Health Interventions are control measures to prevent foodborne illness						
14	IN	Food-contact surfaces: cleane	ed & sanitized						or injury.	•			
15	IN	Proper disposition of returned, previously served, reconditioned, & unsafe food											
		Cond Datail Dra		OD RE					and and physical objects int	a faada			
		Numbered items marked 'X' are n	ctices are preventative measures t ot in compliance	o contro				d on-site during		R=repeat viola	tion		
		Safe Food	and Water						Proper Use of Ute				
28	Pa	asteurized eggs used where rec	uired			4	1 <u>Ir</u>	-use utensils:	properly stored				
29	_	later & ice from approved source				4	_		ment & linens: properly s		d		
30	Va	ariance obtained for specialized				4	-		ngle-service articles: pro	perly stored & used			
		•	rature Control		l	4	4 G	oves used pro	· I· · /	137			
31		roper cooling methods used; ac emperature control	lequate equipment for	Ш					ensils, Equipment a		. —		
32		ant food properly cooked for ho	ot holding	$\overline{}$	\neg l	4		nstructed, &	d contact surfaces cleans	able, properly designed	^{1,}		
33	_	pproved thawing methods used				4	_		acilities: installed, mainta	nined. & used: test stri	ps		
34		hermometers provided & accura			=	4	_		ct surfaces clean				
			ntification						Physical Facilit	ties			
35	Fo	ood properly labeled; original c				4	8 H	ot & cold wate	er available; adequate pr				
			mination by Hands			4	_		led; proper backflow dev				
36	In	nsects, rodents, & animals not p	-		\Box	5	_	ewage & wast	e properly disposed				
37	Co	ontamination prevented during	food preparation, storage &		Ħ١	5	1 To	ilet facilities:	properly constructed, su	ipplied, & cleaned			
	_	splay				5	2 G	arbage & refu	se properly disposed; fac	cilities maintained			
38		ersonal cleanliness		Д		5	3 <u>P</u> l	ysical facilitie	es installed, maintained,	& clean			
39				—Щ	=	5	4 A	dequate ventil	lation & lighting; designa	ited areas used			
40	W	/ashing fruits & vegetables		Ш									

		Food Establishme	ent Inspection Report					
123 Sout	ne Health :h 27th St, MT, 59101	Licens TEST	Date: Jul 20, 2011 Time In: 08:00 AM Time Out: 09:00 AM					
Establishment zTest RSH Establishment - Mike		Address 123 Main Billings MT 59101	City/State Billings / MT	Zip Code 59101				
			RE OBSERVATIONS ons were recorded for this inspection					
		OBSERVATIONS AT	ND CORRECTIVE ACTIONS					
	Question Item Critical Violations are indicated by an asterisk (*). Number Number Violations cited in this report must be corrected within the time frames below, or as stated in the Food Code.							
GENERAL COMMENTS								
F	ollow-up Required :	No						
			s	ignature Date :	Jul 20, 2011			
/	~				_			
Person	in Charge: Mike		Inspector: Mike Ross					