



STATE OF MONTANA
Food & Consumer Safety Section
Department of Public Health & Human Services

Date _____

Page ____ of ____

Bed & Breakfast Establishment Inspection Report

Facility Name _____ License _____ Phone _____

Owner _____ Operator/Manager/Resident _____

Location Address _____ City _____ County _____

Inspection Purpose: Regular _____ Follow-up _____ Complaint _____ Illness Investigation _____ Pre-opening _____ Other _____

REQUIREMENT (REFERENCE: ARM TITLE 37, CHAPTER 111, SUBCHAPTER 3)	IN	OUT	NOT OBSERVED	N/A
Guest number maximum is 18.		----	-----	-----
Owner/manager occupies residence.		----	-----	-----
Guest register maintained, kept for one year.				-----
Water supply potable, adequate, safe temp ($\leq 120^{\circ}F$). If public water supply, <i>PWSID</i> #: _____ If not public system, then 2 coliform tests per yr (Apr-Jun & Aug-Oct), 1 nitrate every 3 yrs. <i>Date/result of last coliform:</i> _____ <i>Date/result of last nitrate:</i> _____ Separate nonpotable water supply posted w/ warning. No cross-connection. Backflow prevention. Repaired/replaced when failed/unsafe/inadequate.				-----
Wastewater system safe & adequate. <i>DEQ or local permit</i> #:				-----
Solid waste storage, disposal adequate. Pest control effective.				-----
Swimming pools/spas licensed, meets ARM 37.111.10,11. Sauna clean. Towels clean.				
Food preparers use good hygienic practices, not infectious w/ food-carried disease. Food supplies/sources safe & approved. (<i>Farm eggs may be used if guests advised.</i>) Food, equipment & utensils protected from contamination. Guest food segregated & labeled if kept in refrigerator. Potentially hazardous foods held at safe temp. Prepared foods dated. $\geq 135^{\circ}F$; $\leq 45^{\circ}F$ in original container; prepared food $\leq 45^{\circ}F$ for ≤ 4 days or $\leq 41^{\circ}F$ for ≤ 7 days. Food preparation, thawing, cooking, cooling & reheating safe. <i>Hot foods cooled to $70^{\circ}F$ in 2 hrs, then to $\leq 45^{\circ}F$ in 4 hrs.</i> Food equipment adequate, clean & sanitized. <i>If serving ≤ 10 meals/day, must have 3-compartment sink or dish machine that reaches $150^{\circ}F$ during final rinse or drying.</i> <i>If serving >10 meals/day, must have 3-compartment sink even if approved dish machine used.</i> <i>If licensed before July 1, 2003, must meet food equipment requirements by July 1, 2008.</i> <i>Third sink has chlorine 50 ppm, wiping clothes 100 ppm chlorine, or other approved sanitizer.</i>				
Handwashing sink dedicated. <i>B&Bs serving ≤ 10 meals/day may use a compartment of dishwashing sink.</i> Handwashing facilities convenient. Hot & cold water. Soap & disposable towels provided.				-----
Toilet facilities convenient & accessible, doors kept closed, vented, clean & supplied.				-----
Floors/walls/ceilings/furnishings/fixtures cleanable, clean & in good repair. Lighting adequate. Carpeting in food preparation & toilet areas closely woven construction.				-----
Laundry mechanical washer supplies $120^{\circ}F$. Hot air tumble dryer or iron used. Hands washed between handling dirty & clean laundry. Handwashing facilities convenient. Clean & dirty laundry separated, no cross-contamination. Clean laundry protected.				-----
Pets kept out of kitchen, dining & laundry areas during times of use. Birds kept out of kitchen, dining & laundry areas, away from air ducts at all times.				
Housekeeping provided at least every 3 days, between guests, shared bathrooms daily. Cleaners for bathrooms contain disinfectant. Deodorizers not used unless rooms are clean. Supplies separated by purpose, stored safely. Storage area clean.				-----
Blood-born pathogen protection practiced. <i>Gloves, disposable towels, cleaners, labeled bags; skin washed, eyes flushed if in contact.</i>				-----
Toxics stored, used, labeled properly. First aid supplies on hand. Emergency exit info given.				-----

Report Received By _____ Title _____

Inspector _____ Phone _____ Follow-up inspection required: Yes / No

Email: _____