



**BUTTE-SILVER BOW HEALTH DEPARTMENT**  
**25 West Front Street**  
**Butte, Montana 59701**  
**Office Number: (406)497-5020**  
**Fax Number: (406)723-7245**

**TEMPORARY EVENT SELF-INSPECTION FORM**

This form must be completed and available to Sanitarian upon request. All questions including logs of cooking and holding temperatures, as well as, sanitizing concentrations, should be filled out during operating times.

Event \_\_\_\_\_ Dates of Event \_\_\_\_\_

Organization: \_\_\_\_\_ Commissary: \_\_\_\_\_ License# \_\_\_\_\_

Person in Charge \_\_\_\_\_ Event Coordinator: \_\_\_\_\_

**\*\*After event, please mail white copy to:** Butte-Silver Bow Health Department, Environmental Health Services, 25 West Front Street, Butte, Montana 59701

- |   | Yes                      | No                       | Inspector                |
|---|--------------------------|--------------------------|--------------------------|
| 1. Thermometer calibrated?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is cooling ice and consumption ice separated?                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are chemical test strips available?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are employees using good hand washing procedures, have they signed forms?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are you using single service items?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Where are you getting water?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. How are you transporting it?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Where are you getting ice?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Where are you disposing of waste water and wastewater? _____               |                          |                          |                          |
| 10. Describe how you clean and sanitize dishes, utensils, and surfaces. _____ |                          |                          |                          |
| 11. Type of sanitizer? _____ Strength? _____                                  |                          |                          |                          |
| 12. Describe your hand washing system and location. _____                     |                          |                          |                          |
| 13. Location of restroom? _____   |                          |                          |                          |
| 14. Describe how you are limiting direct hand contact. _____                  |                          |                          |                          |
| 15. How will you control pests (insects, rodents)? _____                      |                          |                          |                          |

List Menu Items \_\_\_\_\_  
 Where do your foods come from? \_\_\_\_\_

**Temperature Log**

**Hot Foods Cooking/hold temperature**

**Cold Foods Cooking/holding temperature**

Item	AM	Noon	PM	Item	AM	Noon	PM

Signature of Person in Charge \_\_\_\_\_ Date \_\_\_\_\_ Sanitarian \_\_\_\_\_ Date \_\_\_\_\_