

Kansas Department of Agriculture
Division of Food Safety and Lodging
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KANSAS LODGING ESTABLISHMENT INSPECTION REPORT

COMPLIANCE KEY: Y=in compliance; N=not in compliance; O=not observed; A=not applicable; C=corrected on-site during inspection; R=repeat violation.

NOTE: Inspector will check items of non-compliance and indicate deficiency.

Insp Date: 11/21/2013 **Business ID:** 104527LD
Business: AUGUSTA INN

Inspection: 07002708
Store ID:
Phone: 3167755979
Inspector: KDA07
Reason: 01 Routine
Results: No Follow-up

712 W 7TH ST
 AUGUSTA, KS 67010

Time In / Time Out

Date	In	Out	Insp	Travel	Total	Mileage	Notes;
11/21/13	02:45 PM	05:20 PM	2:35	0:01	2:36	0	
Total:			2:35	0:01	2:36	0	

LODGING ESTABLISHMENT PROFILE

Rooms Licensed 30 Rooms Confirmed p
 Food Service Complimentary Rooms Insp. 6 No. of Violations 15 Insp. Notification Print
 Lic. Insp. No

Rooms inspected 101, 102, 109, 109, 207, 211

Address Verified p

Licensure

- | | | | | | | |
|---------------------------------------|----|----|---|----|----|----|
| | Y | N | O | A | C | R |
| 1. Application and fees submitted. | .. | .. | p | .. | .. | .. |
| 2. Complete plans submitted. | .. | .. | p | .. | .. | .. |
| 3. Variance request requirements met. | .. | .. | p | .. | .. | .. |

Food Service & Food Safety

- | | | | | | | |
|--|----|----|----|----|----|----|
| | Y | N | O | A | C | R |
| 4. Food service for the general public licensed. | .. | p | .. | .. | .. | .. |
| <i>Fail Notes</i> <u>4-27-4(a)</u> <i>Food Service License Required</i>
<i>[Facility has makings for cooking PHF foods that requires a Food Establishment license.]</i> | | | | | | |
| 5. Commercially prepared and prepackaged food meets requirements. | .. | .. | p | .. | .. | .. |
| 6. Food service for overnight guests in compliance. | .. | .. | p | .. | .. | .. |

Imminent Health Hazard

- | | | | | | | |
|---|---|----|----|----|----|----|
| | Y | N | O | A | C | R |
| 7. Operations discontinued and regulatory authority notified. | p | .. | .. | .. | .. | .. |

General Requirements

- | | | | | | | |
|--|---|----|----|----|----|----|
| | Y | N | O | A | C | R |
| 8. License posted and regulations in compliance. | p | .. | .. | .. | .. | .. |

KANSAS LODGING ESTABLISHMENT INSPECTION REPORT

General Requirements	Y	N	O	A	C	R
9. Hot water capacity sufficient to meet demand.	p	..	..	..	..	..
10. Adequate hand washing facilities supplied and accessible.	p	..	..	..	..	..
11. Toilet facilities: properly constructed, supplied and clean.	p	..	..	..	..	..
Personnel	Y	N	O	A	C	R
12. Employees excluded for health problems.	..	..	p	..	..	..
13. Employee hands clean and properly washed.	..	..	p	..	..	..
14. Employee clothing clean and in good repair.	p	..	..	..	..	..
Guest & Public Safety	Y	N	O	A	C	R
15. Facility structurally sound with repairs and maintenance to ensure safety.	p	..	..	..	..	..
16. Evacuation, fire, and carbon monoxide safety measures maintained.	..	p	..	..	..	..
<i>Fail Notes</i> | 4-27-8(c) <i>CO detectors provided as required [No CO detector in laundry room]</i>						
Guest Rooms	Y	N	O	A	C	R
17. Guest rooms maintained clean and in good repair; toilet room and hand sink requirements met.	..	p	..	..	..	..
<i>Fail Notes</i> | 4-27-9(a) <i>Rooms properly constructed and in good repair [Room 101 mirror cracked, Room 109 hole in wall under sink by refrigerator]</i>						
4-27-9(a)(2) <i>Floor cleaned as needed [Plastic bag on floor behind tv in room 106, room 109 spoon on floor,]</i>						
4-27-9(a)(4) <i>Rooms with visible mold not rented [Room 109 under sink mold growing on wall . VC,]</i>						
18. Guest rooms properly serviced and cleaned, cribs clean.	..	p	..	..	..	..
<i>This item has Notes. See Footnote 1 at end of questionnaire.</i>						
<i>Fail Notes</i> | 4-27-9(h) <i>Guest rooms cleaned & serviced before each new guest. [toilet dirty in room 211, Room 109 microwave dirty, refrigerator dirty, Food debris under microwave.]</i>						
4-27-9(h)(1) <i>Floors cleaned before each new guest. [Mildew observed in toilet floor juncture in bathrooms of 211, 106, 109, 207]</i>						
4-27-9(h)(2) <i>Furniture cleaned before each new guest. [Chairs in rooms 207, Room 109 couch with paperclips and other trash under curtain,]</i>						
4-27-9(h)(3) <i>Drawers cleaned before each new guest. [211 picture drawn in 2nd drawer, Desk drawer has finger nail clippings in desk drawer in 109]</i>						
4-27-9(h)(4) <i>Toilets/sinks are cleaned and sanitized before each new guest. [Outside of Toilet in room 207 dirty]</i>						
19. Coffeemakers and appliances approved, located, maintained clean and in good repair.	..	..	p	..	..	..
20. Guestroom free of insects, rodents, and pests.	p	..	..	..	..	..
21. Pet requirements met.	p	..	..	..	..	..
22. Door lock requirements met.	p	..	..	..	..	..
Dishware & Utensils	Y	N	O	A	C	R
23. Dishware and utensils cleaned, sanitized, handled and stored.	p	..	..	..	..	..
24. Cleaning and sanitizing requirements met.	p	..	..	..	..	..

KANSAS LODGING ESTABLISHMENT INSPECTION REPORT

Housekeeping & Laundry Facilities	Y	N	O	A	C	R
25. Carts properly designed, maintained and operated to prevent contamination.	p	..	..	..	..	..
26. Laundry facilities provided, maintained clean and in good repair.	p	..	..	..	..	..
27. Single use gloves available; storage areas maintained.	p	..	..	..	..	..
Poisonous or Toxic Materials	Y	N	O	A	C	R
28. Toxic substances allowed, stored, located, labeled and used.	..	p	..	..	..	..
<i>Fail Notes</i> | 4-27-12(c) <i>Bulk and working containers properly labeled [On housekeeping cart bottle of bathroom cleaner not labeled COS-Labeled On upstairs cleaning cart bottle of unidentified cleaner not labeled]</i>						
Public Indoor Areas	Y	N	O	A	C	R
29. Public indoor areas; equipment and furnishings maintained, clean and in good repair.	p	..	..	..	..	..
30. Fitness rooms bathhouse and spa maintained clean and in good repair.	..	..	..	p	..	..
Ice & Ice Dispensing	Y	N	O	A	C	R
31. Ice from approved source dispensed by sanitary methods.	p	..	..	..	..	..
32. Ice machines/buckets properly cleaned, sanitized, maintained and used.	..	p	..	..	..	..
<i>Fail Notes</i> | 4-27-14(d)(1)(C) <i>Ice container cleaned and sanitized for new guests [Room 207 ice container dirty, facility does not sanitize ice containers between guest stays]</i>						
Exterior Premises	Y	N	O	A	C	R
33. Exterior areas including playgrounds and storage areas clean and good repair.	..	..	p	..	..	..
34. Refuse containers maintained; vector control measures implemented, pets.	p	..	..	..	..	..
Swimming Pools, RWF's & Hot Tubs	Y	N	O	A	C	R
35. Facility properly designed, maintained sanitary and safe.	..	..	..	p	..	..
36. Water quality, clarity requirements met.	..	..	..	p	..	..
37. Fecal, vomit, and body fluid response requirements met.	..	..	..	p	..	..
38. Operation & maintenance procedures met.	..	..	..	p	..	..
Water Supply System	Y	N	O	A	C	R
39. Potable water supply used.	p	..	..	..	..	..
40. Boil water advisories properly addressed.	p	..	..	..	..	..
Sewage Systems	Y	N	O	A	C	R
41. Sewage and waste water properly disposed.	p	..	..	..	..	..
Electrical Systems	Y	N	O	A	C	R
42. Electrical properly installed and maintained.	..	p	..	..	..	..
<i>Fail Notes</i> | 4-27-19(a)(1)(C) <i>Ground fault installed by January 1, 2010 [Room 109 no GFCI available on outlet within 5 feet of hand sink]</i>						
Plumbing Systems	Y	N	O	A	C	R
43. Plumbing properly installed, supplied and maintained.	p	..	..	..	..	..
44. Proper use of backflow devices and testing requirements.	..	p	..	..	..	..

KANSAS LODGING ESTABLISHMENT INSPECTION REPORT

Plumbing Systems	Y N O A C R
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<i>Fail Notes</i>	4-27-20(c) <i>Backflow devices requirements met</i> [On laundry room handwash sink facet a splitter installed with a hose extending below the flood rim of sink. Suggested installing a backflow device on splitter to correct.]
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HVAC Systems	Y N O A C R
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|---|-----------------------|
| 45. Approved equipment installed and maintained in good repair. | p |
| 46. Safety issues for gas, electric and ventilation met. | p |

Swimming Pool, Hot Tub, RWF Survey	In Operation Not in Operation None
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Indoor Pool	i	i	x
Outdoor Pool	i	i	x
Indoor Hot Tub	i	i	x
Outdoor Hot Tub	i	i	x
Indoor RWF	i	i	x
Outdoor RWF	i	i	x

Swimming Pool, Hot Tub, RWF Details

EDUCATIONAL MATERIALS

The following educational materials were provided: ..

<i>Material Distributed</i>	<i>Lodging Handout #74</i>	<i>Carbon Monoxide Log</i>
	<i>Lodging Handout #79</i>	<i>Bed Bug Control</i>

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Footnote 1

Notes:

(i) (1) Bedspreads, mattresses, box springs clean and in good repair Room 109 burn holes in bed covering, 211 holes in comforter and burn holes in sheets,

