

Kansas Department of Agriculture
Division of Food Safety and Lodging
 1320 Research Park Drive, Manhattan, KS 66502
 (office) 785-564-6767 (fax) 785-564-6779

KANSAS FOOD ESTABLISHMENT INSPECTION REPORT

Insp Date: 6/9/2011
Business: SURF N GO

Business ID: 110770RS

Inspection: 12003291

1029 MAIN ST
 ATCHISON, KS 66002

Store ID:
Phone: 9133677109
Inspector: KDA12
Reason: 03 Complaint
Results: Follow-up

Time In / Time Out

Date	In	Out	Insp	Travel	Total	Mileage	Notes:
06/09/11	09:30 AM	11:20 AM	1:50	0:55	2:45	0	
Total:			1:50	0:55	2:45	0	

FOOD ESTABLISHMENT PROFILE

Insp. Notification Print Critical Violations 3 Lic. Insp. _____
 Address Verified p

INSPECTION INFORMATION

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of food-borne illness or injury. Public health interventions are control measures to prevent food-borne illness or injury.

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals and physical objects into foods.

Violations cited in this report must be corrected within the time frames entered below, or as stated in sections 8-405.11 of the food code.

HACCP=Hazard Analysis-Critical Control Point, BHC=Bare Hand Contact, RTE=Ready to Eat, CRITICAL=Critical Violation, SWING=Swing Violation (May be critical or non-critical), HSP=Highly Susceptible Population, K.S.A.=Kansas Statutes Annotated, All temperatures are measured in degrees Fahrenheit (°F).

PLEASE CALL (785) 296-5600 IF YOU HAVE ANY QUESTIONS.

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

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Demonstration of Knowledge

1. Certification by accredited program, compliance with Code, or correct responses.

Y N O A C R
 p " " " " "

Employee Health

- 2. Management awareness; policy present.
- 3. Proper use of reporting, restriction and exclusion.

Y N O A C R
 p " " " " "
 p " " " " "

Good Hygienic Practices

- 4. Proper eating, tasting, drinking, or tobacco use
- 5. No discharge from eyes, nose and mouth.

Y N O A C R
 p " " " " "
 p " " " " "

KANSAS FOOD ESTABLISHMENT INSPECTION REPORT

Preventing Contamination by Hands	Y	N	O	A	C	R
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|--|----|----|----|----|----|----|
| 6. Hands clean and properly washed. | .. | .. | p | .. | .. | .. |
| 7. No bare hand contact with RTE foods or approved alternate method properly followed. | .. | .. | p | .. | .. | .. |
| 8. Adequate handwashing facilities supplied and accessible. | p | .. | .. | .. | .. | .. |

Approved Source	Y	N	O	A	C	R
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|--|----|----|----|----|----|----|
| 9. Food obtained from approved source. | p | .. | .. | .. | .. | .. |
| 10. Food received at proper temperature. | .. | .. | p | .. | .. | .. |
| 11. Food in good condition, safe and unadulterated. | .. | p | .. | .. | .. | .. |
| <i>Fail Notes</i> 3-202.15* <i>CRITICAL - Package Integrity</i>
[1 gallon of milk, and 1 gallon of chocolate milk had bulged and leaked out. (Corrected thrown away)] | | | | | | |
| 12. Required records available: shellstock tags, parasite destruction. | .. | .. | .. | p | .. | .. |

Protection from Contamination	Y	N	O	A	C	R
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|--|----|----|----|----|----|----|
| 13. Food separated and protected. | p | .. | .. | .. | .. | .. |
| 14. Food-contact surfaces: cleaned and sanitized. | p | .. | .. | .. | .. | .. |
| 15. Proper disposition of returned, previously served, reconditioned and unsafe food. | .. | p | .. | .. | p | .. |
| <i>Fail Notes</i> 3-701.11(A)* <i>CRITICAL - Adulterated food-discarded or reconditioned</i>
[1 gallon of milk and 1 gallon of chocolate milk were curdled and the top 1/4 of the milk had leaked out. (Corrected - thrown away)] | | | | | | |

Potentially Hazardous Food Time/Temperature	Y	N	O	A	C	R
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|--|----|----|----|----|----|----|
| 16. Proper cooking time and temperatures. | .. | .. | .. | p | .. | .. |
| 17. Proper reheating procedures for hot holding. | .. | .. | .. | p | .. | .. |
| 18. Proper cooling time and temperatures. | .. | .. | .. | p | .. | .. |
| 19. Proper hot holding temperatures. | .. | .. | .. | p | .. | .. |
| 20. Proper cold holding temperatures. | .. | p | .. | .. | p | .. |
| <i>This item has Notes. See Footnote 1 at end of questionnaire.</i> | | | | | | |
| <i>Fail Notes</i> 3-501.16(A)(2)(a)* <i>CRITICAL - PHF Cold Holding-<41°F</i>
[Landshire Sandwich chicken salad 61°F out of temperature.] | | | | | | |

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|---|----|----|----|----|----|----|
| 21. Proper date marking and disposition. | p | .. | .. | .. | .. | .. |
| 22. Time as a public health control: procedures and record. | .. | .. | .. | p | .. | .. |

Consumer Advisory	Y	N	O	A	C	R
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|--|----|----|----|---|----|----|
| 23. Consumer advisory provided for raw or undercooked foods. | .. | .. | .. | p | .. | .. |
|--|----|----|----|---|----|----|

Highly Susceptible Populations	Y	N	O	A	C	R
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|---|----|----|----|---|----|----|
| 24. Pasteurized foods used; prohibited foods not offered. | .. | .. | .. | p | .. | .. |
|---|----|----|----|---|----|----|

Chemical	Y	N	O	A	C	R
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|--|---|----|----|----|----|----|
| 25. Food additives: approved and properly used. | p | .. | .. | .. | .. | .. |
| 26. Toxic substances properly identified, stored and used. | p | .. | .. | .. | .. | .. |

Conformance with Approved Procedures	Y	N	O	A	C	R
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|---|----|----|----|---|----|----|
| 27. Compliance with variance, specialized process and HACCP plan. | .. | .. | .. | p | .. | .. |
|---|----|----|----|---|----|----|

GOOD RETAIL PRACTICES	Y	N	O	A	C	R
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KANSAS FOOD ESTABLISHMENT INSPECTION REPORT

Safe Food and Water	Y	N	O	A	C	R
28. Pasteurized eggs used where required.	..	..	..	p	..	..
29. Water and ice from approved source.	p	..	..	..	..	..
30. Variance obtained for specialized processing methods.	..	..	..	p	..	..
Food Temperature Control	Y	N	O	A	C	R
31. Proper cooling methods used; adequate equipment for temperature control.	..	p	..	..	p	..
<i>This item has Notes. See Footnote 2 at end of questionnaire.</i>						
<i>Fail Notes</i>	4-301.11 SWING - Cooling, heating, & holding equipment sufficient in number & capacity (in good repair) [Landshire sandwich cooler ambient air temperature 59°F.]					
32. Plant food properly cooked for hot holding.	..	..	..	p	..	..
33. Approved thawing methods used.	..	..	..	p	..	..
34. Thermometers provided and accurate.	..	p	..	..	..	..
<i>Fail Notes</i>	4-204.112(A) Thermometers located in refrigerators/hot holding units to measure ambient air in warmest/coolest areas of units [No thermometer in the Landshire RIC (Reach in Cooler)]					
Food Identification	Y	N	O	A	C	R
35. Food properly labeled; original container.	p	..	..	..	..	..
Prevention of Food Contamination	Y	N	O	A	C	R
36. Insects, rodents and animals not present; no unauthorized persons.	..	p	..	..	..	..
<i>Fail Notes</i>	6-202.15(D)(1)* SWING - Outer openings protected-16 mesh to 1 inch screens [Front exterior doors were open and have no screens.]					
37. Contamination prevented during food preparation, storage and display.	p	..	..	..	..	..
38. Personal cleanliness.	p	..	..	..	..	..
39. Wiping cloths: properly used and stored.	p	..	..	..	..	..
40. Washing fruits and vegetables.	..	..	..	p	..	..
Proper Use of Utensils	Y	N	O	A	C	R
41. In-use utensils: properly stored.	..	..	..	p	..	..
42. Utensils, equipment and linens: properly stored, dried and handled.	..	..	..	p	..	..
43. Single-use and single-service articles: properly used.	..	..	..	p	..	..
44. Gloves used properly.	..	..	..	p	..	..
Utensils, Equipment and Vending	Y	N	O	A	C	R
45a. Food and non-food contact surfaces cleanable, properly designed, constructed and used- Critical items	p	..	..	..	..	..
45b. Food and non-food contact surfaces cleanable, properly designed, constructed and used- non-critical items	p	..	..	..	..	..
46. Warewashing facilities: installed, maintained, and used; test strips.	..	..	..	p	..	..
47. Non-food contact surfaces clean.	p	..	..	..	..	..
Physical Facilities	Y	N	O	A	C	R
48. Hot and cold water available; adequate pressure.	p	..	..	..	..	..
49. Plumbing installed; proper backflow devices.	p	..	..	..	..	..

KANSAS FOOD ESTABLISHMENT INSPECTION REPORT

Physical Facilities	Y	N	O	A	C	R
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|--|----|----|----|----|----|----|
| 50. Sewage and waste water properly disposed. | p | .. | .. | .. | .. | .. |
| 51. Toilet facilities: properly constructed, supplied and cleaned. | p | .. | .. | .. | .. | .. |
| 52. Garbage and refuse properly disposed; facilities maintained. | p | .. | .. | .. | .. | .. |
| 53. Physical facilities installed, maintained and clean. | .. | p | .. | .. | .. | .. |

This item has Notes. See Footnote 3 at end of questionnaire.

<i>Fail Notes</i>	6-501.11 <i>Physical facilities maintained in good repair [No air conditioner working and leaking ceilings in this facility. Ceilings are leaking above the food prep areas.]</i>
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|---|----|---|----|----|----|----|
| 54. Adequate ventilation and lighting; designated areas used. | .. | p | .. | .. | .. | .. |
|---|----|---|----|----|----|----|

Administrative/Other	Y	N	O	A	C	R
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|----------------------|---|----|----|----|----|----|
| 55. Other violations | p | .. | .. | .. | .. | .. |
|----------------------|---|----|----|----|----|----|

EDUCATIONAL MATERIALS

The following educational materials were provided p

<i>Material Distributed</i>	<i>Education Title #08</i>	<i>Date Marking</i>
	<i>Education Title #22</i>	<i>Focus On Food Safety Manual (on the Website)</i>
	<i>Education Title #27</i>	<i>Hot and Cold Holding</i>
	<i>Education Title #40</i>	<i>When The Power Is Out</i>

KANSAS FOOD ESTABLISHMENT INSPECTION REPORT

Footnote 1

Notes:

All sandwiches from this cooler have do not sell written on each sandwich package. They have been put in a box and will be sent back with Landshire.

Footnote 2

Notes:

Removed sandwiches and put in a box to send back to Landshire. Discontinued using this cooler.

Footnote 3

Notes:

Note: Power went out for about 5 minutes during this inspection.

VOLUNTARY DESTRUCTION REPORT

Insp Date: 6/9/2011
Business: SURF N GO

Business ID: 110770RS

1029 MAIN ST
 ATCHISON, KS 66002

Inspection: 12003291
Store ID:
Phone: 9133677109
Inspector: KDA12
Reason: 03 Complaint

Time In / Time Out

Date	In	Out	Insp	Travel	Total	Mileage	Notes:
06/09/11	09:30 AM	11:20 AM	1:50	0:55	2:45	0	
Total:			1:50	0:55	2:45	0	

ACTIONS

Number of products Voluntarily Destroyed 3

VOLUNTARY DESTRUCTION REPORT

I have this day voluntarily destroyed, or caused to be destroyed, the merchandise described below. Said merchandise found in my possession was unfit for human consumption, misbranded, or otherwise unlawful. Destruction and final disposition of said merchandise has been done in a manner approved by the above named Inspector, representative of the Kansas Department of Agriculture.

I hereby release the Kansas Department of Agriculture, and its members, agents, and representatives from any and all liability.

1. Product Landshire Chicken Salad Sandwich Qty 1 Units _____ Value \$ _____

Description

Reason Product Destroyed Adulterated Method Product Destroyed Dumpster

Disposal Location Firm Embargo Hold Tag # N/A

2. Product milk Qty 1 Units gal Value \$ _____

Description

Reason Product Destroyed Adulterated Method Product Destroyed Dumpster

Disposal Location Firm Embargo Hold Tag # N/A

VOLUNTARY DESTRUCTION REPORT

VOLUNTARY DESTRUCTION REPORT

3. Product chocolate milk Qty 1 Units gal Value \$ _____

Description

Reason Product Destroyed Adulterated Method Product Destroyed Dumpster

Disposal Location Firm Embargo Hold Tag # N/A