

KANSAS FOOD ESTABLISHMENT INSPECTION REPORT

Good Hygienic Practices	Y N O A C R
-------------------------	-------------

5. No discharge from eyes, nose and mouth.	p
--	-------------

Preventing Contamination by Hands	Y N O A C R
-----------------------------------	-------------

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
-----------------	-------------

9. Food obtained from approved source.	p
--	-------------

This item has Notes. See Footnote 2 at end of questionnaire.

10. Food received at proper temperature.	. . . p . . .
--	---------------

11. Food in good condition, safe and unadulterated.	p
---	-------------

12. Required records available: shellstock tags, parasite destruction. p . .
--	---------------

Protection from Contamination	Y N O A C R
-------------------------------	-------------

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
---	-------------

Potentially Hazardous Food Time/Temperature	Y N O A C R
---	-------------

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 . .
---------------------------------------	-------------------

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

<i>Fail Notes</i>	3-501.16(A)(2)(a)* CRITICAL - PHF Cold Holding-<41°F [2 tubes of Meatless Soyriso 44F in the produce area retail RIC (Reach in Cooler) were out of temperature. (Corrected-VD Voluntary Destruction)]
-------------------	--

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
-------------------	-------------

23. Consumer advisory provided for raw or undercooked foods. p . .
--	---------------

Highly Susceptible Populations	Y N O A C R
--------------------------------	-------------

24. Pasteurized foods used; prohibited foods not offered. p . .
---	---------------

Chemical	Y N O A C R
----------	-------------

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
--------------------------------------	-------------

27. Compliance with variance, specialized process and HACCP plan. p . .
---	---------------

GOOD RETAIL PRACTICES

KANSAS FOOD ESTABLISHMENT INSPECTION REPORT

	Y	N	O	A	C	R
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	..	..	..	..	..
32. Plant food properly cooked for hot holding.	..	..	..	p	..	..
33. Approved thawing methods used.	p	..	..	..	..	..
34. Thermometers provided and accurate.	p	..	..	..	..	..
Food Identification	Y	N	O	A	C	R
35. Food properly labeled; original container.	..	p	..	..	..	..
<i>Fail Notes</i> | 3-302.12 | <i>Food storage containers identified with common name of food [Spray bottle of clear liquid in the produce room had no labeling. Employee stated that it was water. (Corrected-Labelled)]</i>						
Prevention of Food Contamination	Y	N	O	A	C	R
36. Insects, rodents and animals not present; no unauthorized persons.	p	..	..	..	..	..
<i>This item has Notes. See Footnote 4 at end of questionnaire.</i>						
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	..	..	..	..
<i>Fail Notes</i> | 5-203.14* <i>CRITICAL - Backflow prevention device or air gap provided on plumbing fixtures as required [A splitter, and a shut off valve with a hose was installed after was on the faucet beyond the bell type of back flow prevention device on the meat room and the produce room mop sinks. (Corrected, removed)]</i>						

KANSAS FOOD ESTABLISHMENT INSPECTION REPORT

Physical Facilities	Y	N	O	A	C	R
---------------------	---	---	---	---	---	---

<i>Fail Notes</i>	5-205.15(B)	<i>SWING - Plumbing system maintained in good repair [Hot water faucet in the bakery wash bay area, has a slow leak that a bucket is collecting.]</i>
-------------------	-------------	---

- | | | | | | | |
|--|---|----|----|----|----|----|
| 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 | .. | .. | .. | .. | .. |
| 54. Adequate ventilation and lighting; designated areas used. | p | .. | .. | .. | .. | .. |

Administrative/Other	Y	N	O	A	C	R
----------------------	---	---	---	---	---	---

- | | | | | | | |
|----------------------|---|----|----|----|----|----|
| 55. Other violations | p | .. | .. | .. | .. | .. |
|----------------------|---|----|----|----|----|----|

EDUCATIONAL MATERIALS

The following educational materials were provided ..

KANSAS FOOD ESTABLISHMENT INSPECTION REPORT

Footnote 1

Notes:

Manager stated that they do not allow sick employees to work with food, and he was aware of the Big 5.

Footnote 2

Notes:

Manager stated that the majority of the foods recieved are from Walmart Distribution Center out of Harrisville, MO.

Footnote 3

Notes:

Retail RIC's: sliced watermelon 42F, ribey steak 39F, ground beef 35F, pork loin 39F, chicken wings 40F, bacon 42F, sausage 38F, bologna 41F, chorizo 40F, cream cheese 40F beef Franks 43F, cheese 39F, cottage cheese 40F, butter 41F, eggs 43F

Dairy WIC (Walk in Cooler): milk 41F, eggs 38F, yogurt 39F

Meat WIC: hotdogs 39F, rib tips 38, hamburger 36F

Bakery WIC: cheese 41F

Footnote 4

Notes:

Manager stated that they have Eco lab come out monthly for pest control service.

VOLUNTARY DESTRUCTION REPORT

Insp Date: 9/6/2011 **Business ID:** 83385RS
Business: WALMART STORE #1054

1920 S US 73
 ATCHISON, KS 66002

Inspection: 12003431
Store ID:
Phone: 4792776439
Inspector: KDA12
Reason: 01 Routine

Time In / Time Out

Date	In	Out	Insp	Travel	Total	Mileage	Notes:
09/06/11	11:16 AM	01:55 PM	2:39	0:01	2:40	0	
Total:			2:39	0:01	2:40	0	

ACTIONS

Number of products Voluntarily Destroyed 1

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 Meatless Soyrizo Qty 2 Units tubes Value \$ _____

Description

Reason Product Destroyed Adulterated Method Product Destroyed Trash Can

Disposal Location Firm Embargo Hold Tag # N/A

KANSAS DEPARTMENT OF AGRICULTURE EGG INSPECTION

Insp Date: 9/6/2011 **Business ID:** 83385RS
Business: WALMART STORE #1054

1920 S US 73
 ATCHISON, KS 66002

Inspection: 12003431
Store ID:
Phone: 4792776439
Inspector: KDA12
Reason: 01 Routine

Time In / Time Out

Date	In	Out	Insp	Travel	Total	Mileage	Notes;
09/06/11	11:16 AM	01:55 PM	2:39	0:01	2:40	0	
Total:			2:39	0:01	2:40	0	

FULL OR LABEL INSPECTION

TYPE OF INSPECTION FULL

CARTON INFORMATION

USDA/EPIA # P-1674 236 PERMIT # P-1674
 LABEL NAME Sparboe Farms CASE TEMPERATURE (° F) 38
 BRAND NAME Sparboe Farms COOLER TEMPERATURE (° F) 36
 MANUFACTURER ADDRESS P O Box 309 Litchfield, MN
 MANUFACTURER CITY Lichfield STATE MN ZIP 55355
 DISTRIBUTED BY _____
 DISTRIBUTER ADDRESS _____
 DISTRIBUTER CITY _____ STATE _____ ZIP _____

EGG INFORMATION

DOZEN ON HAND 30 GRADE A PACK DATE 08/24/10
 CARTON SIZE 12 SAMPLE SIZE 100

INSPECTION RESULTS

NUMBER OF: CHECKS _____ LEAKERS _____ STUCK YOLK / ROT _____ MEAT / BLOOD SPOTS _____
 DIRTY _____ OTHER _____ STOP SALE _____