

KANSAS FOOD ESTABLISHMENT INSPECTION REPORT

| Preventing Contamination by Hands | Y | N | O | A | C | R |
|---|----|----|----|----|----|----|
| 6. Hands clean and properly washed. | .. | .. | .. | .. | .. | .. |
| 7. No bare hand contact with RTE foods or approved alternate method properly followed. | .. | .. | .. | .. | .. | .. |
| 8. Adequate handwashing facilities supplied and accessible. | .. | .. | .. | .. | .. | .. |
| Approved Source | Y | N | O | A | C | R |
| 9. Food obtained from approved source. | .. | .. | .. | .. | .. | .. |
| 10. Food received at proper temperature. | .. | .. | .. | .. | .. | .. |
| 11. Food in good condition, safe and unadulterated. | .. | .. | .. | .. | .. | .. |
| 12. Required records available: shellstock tags, parasite destruction. | .. | .. | .. | .. | .. | .. |
| Protection from Contamination | Y | N | O | A | C | R |
| 13. Food separated and protected. | .. | p | .. | .. | p | p |
| <i>Fail Notes</i> 3-302.11(A)(1)(b)* <i>CRITICAL - Separation-Raw & cooked RTE</i> <i>[Raw beef stored above cooked Chile Relenos, and Flan in the</i> <i>RIC (Reach in Cooler) next to the ware washing area.</i> <i>(Corrected)]</i> | | | | | | |
| 14. Food-contact surfaces: cleaned and sanitized. | p | .. | .. | .. | .. | .. |
| 15. Proper disposition of returned, previously served, reconditioned and unsafe food. | .. | .. | .. | .. | .. | .. |
| Potentially Hazardous Food Time/Temperature | Y | N | O | A | C | R |
| 16. Proper cooking time and temperatures. | .. | .. | .. | .. | .. | .. |
| 17. Proper reheating procedures for hot holding. | .. | .. | .. | .. | .. | .. |
| 18. Proper cooling time and temperatures. | p | .. | .. | .. | .. | .. |
| 19. Proper hot holding temperatures. | .. | .. | .. | .. | .. | .. |
| 20. Proper cold holding temperatures. | .. | .. | .. | .. | .. | .. |
| 21. Proper date marking and disposition. | .. | .. | .. | .. | .. | .. |
| 22. Time as a public health control: procedures and record. | .. | .. | .. | .. | .. | .. |
| Consumer Advisory | Y | N | O | A | C | R |
| 23. Consumer advisory provided for raw or undercooked foods. | .. | .. | .. | .. | .. | .. |
| Highly Susceptible Populations | Y | N | O | A | C | R |
| 24. Pasteurized foods used; prohibited foods not offered. | .. | .. | .. | .. | .. | .. |
| Chemical | Y | N | O | A | C | R |
| 25. Food additives: approved and properly used. | .. | .. | .. | .. | .. | .. |
| 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. | .. | .. | .. | .. | .. | .. |
| GOOD RETAIL PRACTICES | | | | | | |
| Safe Food and Water | Y | N | O | A | C | R |
| 28. Pasteurized eggs used where required. | .. | .. | .. | .. | .. | .. |
| 29. Water and ice from approved source. | .. | .. | .. | .. | .. | .. |
| 30. Variance obtained for specialized processing methods. | .. | .. | .. | .. | .. | .. |

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| Food Temperature Control | Y | N | O | A | C | R |
|---|----|----|----|----|----|----|
| 31. Proper cooling methods used; adequate equipment for temperature control. | .. | .. | .. | .. | .. | .. |
| 32. Plant food properly cooked for hot holding. | .. | .. | .. | .. | .. | .. |
| 33. Approved thawing methods used. | .. | .. | .. | .. | .. | .. |
| 34. Thermometers provided and accurate. | .. | .. | .. | .. | .. | .. |
| Food Identification | Y | N | O | A | C | R |
| 35. Food properly labeled; original container. | .. | .. | .. | .. | .. | .. |
| Prevention of Food Contamination | Y | N | O | A | C | R |
| 36. Insects, rodents and animals not present; no unauthorized persons. | .. | .. | .. | .. | .. | .. |
| 37. Contamination prevented during food preparation, storage and display. | .. | .. | .. | .. | .. | .. |
| 38. Personal cleanliness. | .. | .. | .. | .. | .. | .. |
| 39. Wiping cloths: properly used and stored. | .. | .. | .. | .. | .. | .. |
| 40. Washing fruits and vegetables. | .. | .. | .. | .. | .. | .. |
| Proper Use of Utensils | Y | N | O | A | C | R |
| 41. In-use utensils: properly stored. | .. | .. | .. | .. | .. | .. |
| 42. Utensils, equipment and linens: properly stored, dried and handled. | .. | .. | .. | .. | .. | .. |
| 43. Single-use and single-service articles: properly used. | .. | .. | .. | .. | .. | .. |
| 44. Gloves used properly. | .. | .. | .. | .. | .. | .. |
| 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 | .. | .. | p | p |
| <i>Fail Notes</i> 4-101.11* <i>CRITICAL - Utensils/food-contact surfaces of safe materials</i> <i>[Cooked ready to eat tostado shells were being stored in a large square</i> <i>sterilite container that was not of food grade materials. (Corrected)]</i> | | | | | | |
| 45b. Food and non-food contact surfaces cleanable, properly designed, constructed and used- non-critical items | .. | .. | .. | .. | .. | .. |
| 46. Warewashing facilities: installed, maintained, and used; test strips. | .. | .. | .. | .. | .. | .. |
| 47. Non-food contact surfaces clean. | .. | .. | .. | .. | .. | .. |
| Physical Facilities | Y | N | O | A | C | R |
| 48. Hot and cold water available; adequate pressure. | .. | .. | .. | .. | .. | .. |
| 49. Plumbing installed; proper backflow devices. | .. | .. | .. | .. | .. | .. |
| 50. Sewage and waste water properly disposed. | .. | .. | .. | .. | .. | .. |
| 51. Toilet facilities: properly constructed, supplied and cleaned. | p | .. | .. | .. | .. | .. |
| 52. Garbage and refuse properly disposed; facilities maintained. | .. | .. | .. | .. | .. | .. |
| 53. Physical facilities installed, maintained and clean. | .. | .. | .. | .. | .. | .. |
| 54. Adequate ventilation and lighting; designated areas used. | .. | .. | .. | .. | .. | .. |
| Administrative/Other | Y | N | O | A | C | R |
| 55. Other violations | .. | .. | .. | .. | .. | .. |

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EDUCATIONAL MATERIALS

The following educational materials were provided

NOTICE OF NON COMPLIANCE WITH KANSAS LAW

Insp Date: 10/24/2011 **Business ID:** 110841FR
Business: MARIA'S AUTHENTIC MEXICAN RESTAURANT

Inspection: 12003504
Store ID:
Phone: 9133675556
Inspector: KDA12
Reason: 02 Follow-up

801 COMMERCIAL ST STE A
 ATCHISON, KS 66002

Time In / Time Out

| Date | In | Out | Insp | Travel | Total | Mileage | Notes: |
|---------------|----------|----------|------|--------|-------|---------|--------|
| 10/24/11 | 10:00 AM | 11:15 AM | 1:15 | 0:10 | 1:25 | 0 | |
| Total: | | | 1:15 | 0:10 | 1:25 | 0 | |

NOTICE OF NON COMPLIANCE WITH KANSAS LAW

Food Service Establishments and Retail Food Stores. The Kansas Food Code, Section 8-405.11(B) as adopted and amended by K.A.R. 4-28-8 through 15, requires that all critical violations shall be corrected no later than 10 days after this inspection and all noncritical violations shall be corrected no later than 90 days after this inspection unless otherwise directed on this form.

Failure to comply with the food safety law and its regulations may result in embargo of non-compliant products; immediate closure of your establishment; civil penalties of up to \$1,000.00 per violation; denial of license renewal, modification, suspension and/or revocation of any license or authority issued pursuant to the food safety law; and/or any other penalty authorized by law. Pursuant to K.S.A. 36-508, licensees issued authority under the Kansas Food Service and Lodging Act may apply to the secretary for an extension of the time prescribed above.

* The Food Safety Law, effective October 1, 2004, includes K.S.A. 74-581 et seq.; the Kansas Food, Drug and Cosmetic Act, K.S.A. 65-601 et seq.; the Kansas Food Service and Lodging Act, K.S.A. 36-501 et seq.;, and regulations promulgated pursuant thereto and grants the Kansas Department of Agriculture the authority to regulate mobile retail ice cream vendors; food service establishments located in retail food stores; food vending machines; food vending machine companies and dealers; retail food stores; food processing plants; food service establishments.

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

Follow up Scheduled 11/03/11

Inspection Report Number _____ Inspection Report Date 10/24/11

Establishment Name _____

Physical Address _____ City _____

Zip _____

Additional Notes
and Instructions