

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 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: 10/30/2013 **Business ID:** 105619LD
Business: AMERICINN

Inspection: 13002208
Store ID:
Phone: 9133674000
Inspector: KDA13
Reason: 09 Modified Complaint
Results: Follow-up

500 HWY 73
 ATCHISON, KS 66002

Time In / Time Out

Date	In	Out	Insp	Travel	Total	Mileage	Notes;
10/30/13	10:30 AM	12:45 PM	2:15	0:10	2:25	0	
Total:			2:15	0:10	2:25	0	

LODGING ESTABLISHMENT PROFILE

Rooms Licensed 45 Rooms Confirmed p
 Food Service Complimentary Rooms Insp. 3 No. of Violations 1 Insp. Notification Email
 Lic. Insp. No Insp. Sent To atchison.ks@americinn.com

Rooms inspected 116,117,208,214

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 | .. | .. | .. | .. | .. |
| 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 | p | .. | .. | .. |

KANSAS LODGING ESTABLISHMENT INSPECTION REPORT

Imminent Health Hazard		Y	N	O	A	C R
<i>Fail Notes</i>	<p>4-27-5(a) <i>Discontinue operations for imminent health hazard</i> <i>[An infestation of live roaches (5-10) including an egg sack was confirmed in and around the swimming pool chair lift. An additional two live roaches was found in the plastic cover of the hot tub lift and one live roach crawling on the north wall. The establishment PIC immediately contacted their Licensed Pest Control Operator who advised he would be onsite to treat the indoor pool area afternoon. The establishment will close the pool operation (hot tub & swimming pool) for 24 Hours following the pest treatment.</i></p> <p style="text-align: center;">J</p>					
General Requirements		Y	N	O	A	C R
	8. License posted and regulations in compliance.	p	..	..	..	..
	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	..	..	..	..
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	..	..	..	..
	18. Guest rooms properly serviced and cleaned, cribs clean.	p	..	..	..	..
	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	..
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	..	..	..	..
Public Indoor Areas		Y	N	O	A	C R

KANSAS LODGING ESTABLISHMENT INSPECTION REPORT

Public Indoor Areas	Y N O A C R
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| 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
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| 31. Ice from approved source dispensed by sanitary methods. | p " " " " " |
| 32. Ice machines/buckets properly cleaned, sanitized, maintained and used. | p " " " " " |

Exterior Premises	Y N O A C R
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| 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
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| 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
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| 39. Potable water supply used. | p " " " " " |
| 40. Boil water advisories properly addressed. | p " " " " " |

Sewage Systems	Y N O A C R
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| 41. Sewage and waste water properly disposed. | p " " " " " |
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Electrical Systems	Y N O A C R
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| 42. Electrical properly installed and maintained. | p " " " " " |
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Plumbing Systems	Y N O A C R
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| 43. Plumbing properly installed, supplied and maintained. | p " " " " " |
| 44. Proper use of backflow devices and testing requirements. | p " " " " " |

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
Outdoor Pool	i	i	☒
Indoor Hot Tub	i	☒	i
Outdoor Hot Tub	i	i	☒
Indoor RWF	i	i	☒
Outdoor RWF	i	i	☒

Swimming Pool, Hot Tub, RWF Details

Indoor Pool -----> Disinfectant Chlorine Residual Level (ppm) _____ pH Level _____

Pool Clarity Deepest Point Pass Compliance with Local Inspection Not Applicable

KANSAS LODGING ESTABLISHMENT INSPECTION REPORT

EDUCATIONAL MATERIALS

The following educational materials were provided: ..

