

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: 10/30/2014 **Business ID:** 75692FE
Business: GRANDMA HOERNER'S FOODS INC

Inspection: 13002895
Store ID:
Phone: 7857652300
Inspector: KDA13
Reason: 01 Routine
Results: No Follow-up

31862 THOMPSON RD
 ALMA, KS 66401

Time In / Time Out

Date	In	Out	Insp	Travel	Total	Mileage	Notes:
10/30/14	12:25 PM	01:25 PM	1:00	0:15	1:15	0	
Total:			1:00	0:15	1:15	0	

FOOD ESTABLISHMENT PROFILE

Insp. Notification Email Sent Notification To _____ Lic. Insp. No
 Priority(P) Violations 0 Priority foundation(Pf) Violations 1
 Certified Manager on Staff .. Address Verified p Actual Sq. Ft. unknown
 Certified Manager Present ..

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.

P=Priority Violation, Pf=Priority foundation violation, HACCP=Hazard Analysis-Critical Control Point, BHC=Bare Hand Contact, RTE=Ready to Eat, HSP=Highly Susceptible Population, K.S.A.=Kansas Statutes Annotated, All temperatures are measured in degrees Fahrenheit (°F).

IF YOU HAVE ANY QUESTIONS PLEASE VISIT www.agriculture.ks.gov, EMAIL fsl@kda.ks.gov, OR CALL (785) 296-5600.

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

	Y	N	O	A	C	R
Demonstration of Knowledge						
1. Certification by accredited program, compliance with Code, or correct responses.	..	..	p	..	..	..
<i>This item has Notes. See Footnote 1 at end of questionnaire.</i>						
Employee Health						
2. Management awareness; policy present.	p	..	..	..	..	..
3. Proper use of reporting, restriction and exclusion.	p	..	..	..	..	..
Good Hygienic Practices						
	Y	N	O	A	C	R

KANSAS FOOD ESTABLISHMENT INSPECTION REPORT

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

- | | | | | | | | |
|---|--|---|----|----|----|----|----|
| 4. Proper eating, tasting, drinking, or tobacco use | | p | .. | .. | .. | .. | .. |
| 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 | .. | .. | .. | .. | .. |
| 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 | .. | .. | .. | .. | .. |
| <i>This item has Notes. See Footnote 2 at end of questionnaire.</i> | | | | | | | |
| 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

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 | .. | .. | .. | .. | .. |

KANSAS FOOD ESTABLISHMENT INSPECTION REPORT

Safe Food and Water	Y	N	O	A	C	R
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	..	..	..	..	..
Prevention of Food Contamination	Y	N	O	A	C	R
36. Insects, rodents and animals not present.	p	..	..	..	..	..
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- P and Pf items	p	..	..	..	..	..
45b. Food and non-food contact surfaces cleanable, properly designed, constructed and used- Core items	p	..	..	..	..	..
46. Warewashing facilities: installed, maintained, and used; test strips.	..	p	..	..	p	..
<i>This item has Notes. See Footnote 3 at end of questionnaire.</i>						
<i>Fail Notes</i>	<p>4-302.14 Pf - A test kit or other device that accurately measures the concentration in mg/L of SANITIZING solutions shall be provided. [There are no QT test strips to measure the ppm in the three vat sink. COS Inspector gave establishment test strips to use for their three vat sink.]</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	..	..	..	..	..
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	..	..	..	..	..

KANSAS FOOD ESTABLISHMENT INSPECTION REPORT

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

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 p

This item has Notes. See Footnote 4 at end of questionnaire.

KANSAS FOOD ESTABLISHMENT INSPECTION REPORT

Footnote 1

Notes:

Critical (Critical); Non Critical Violation (NC); Corrected On Site (COS); Cold Hold (CH); Walk In Cooler (WIC); Person In Charge (PIC); Walk In Freezer (WIF); Steam Table (ST); Potentially Hazardous Food (PHF); Hot Hold (HH); Ready To Eat (RTE); Make Table (MT); Reach In Cooler (RIC); Voluntary Closure (VC); Bare Hand Contact (BHC); Chlorine (Cl); Parts Per Million (PPM); Voluntary Destruction (VD); Risk Control Plan (RCP); Reach In Freezer (RIF); Degrees Fahrenheit (F); Quaternary Compounds (QT); Notice of Non Compliance (NONC); Hot Box (HB)

Footnote 2

Notes:

RIC- cheese curds 39F

Footnote 3

Notes:

Three vat sink was not setup during the inspection. PIC explained their process.

Footnote 4

Notes:

5 Keys to Food Safety Poster