



# KANSAS LODGING ESTABLISHMENT INSPECTION REPORT

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	..	..	..	..
<i>Fail Notes</i>   4-27-8(d)(11)(A)(ii) <i>Exit signs visible from exterior guest rooms [No exit sign visible from second floor exterior guest rooms.]</i>						
4-27-8(d)(12) <i>Evacuation route posted in guest rooms [No evacuation routes posted in second floor exterior rooms.]</i>						
4-27-8(d)(6)(B)(i) <i>Extinguishers maintained [Fire extinguishers not inspected annually, last inspection Nov 09.]</i>						
4-27-8(d)(8)(A) <i>Smoke detectors in working condition [Smoke detector not working in room 212. Corrected on site(COS)-reconnected smoke detector]</i>						
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	..	..	..	..
<i>Fail Notes</i>   4-27-9(a)(4) <i>Rooms with visible mold not rented [Room 212, visible mold on wall above shower in toilet room.]</i>						
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	..	..	..	..
<i>Fail Notes</i>   4-27-9(q)(1) <i>Pet advisory posted conspicuously [No pet advisory posted at front desk.]</i>						
22. Door lock requirements met.	p	..	..	..	..	..
Dishware & Utensils	Y	N	O	A	C	R
23. Dishware and utensils cleaned, sanitized, handled and stored.	..	p	..	..	..	..
<i>Fail Notes</i>   4-27-10(c) <i>Cleaning &amp; Sanitizing equipment use [No three compartment sink to wash, rinse, and sanitize ice buckets.]</i>						
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	..	..	..	..

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Housekeeping & Laundry Facilities	Y	N	O	A	C	R
<i>Fail Notes</i>   4-27-11(e) <i>Single use gloves available for staff [No single use gloves available for employees.]</i>						
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
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
31. Ice from approved source dispensed by sanitary methods.	p	..	..	..	..	..
32. Ice machines/buckets properly cleaned, sanitized, maintained and used.	..	p	..	..	..	..
<i>Fail Notes</i>   4-27-14(d)(1)(D) <i>Ice container provided with food grade liner daily [Ice bucket liners are not food grade liners, black can liners are used.]</i>						
Exterior Premises	Y	N	O	A	C	R
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
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
39. Potable water supply used.	p	..	..	..	..	..
40. Boil water advisories properly addressed.	..	..	..	p	..	..
Sewage Systems	Y	N	O	A	C	R
41. Sewage and waste water properly disposed.	p	..	..	..	..	..
Electrical Systems	Y	N	O	A	C	R
42. Electrical properly installed and maintained.	p	..	..	..	..	..
Plumbing Systems	Y	N	O	A	C	R
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
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			
Indoor Pool	i	i	x			
Outdoor Pool	i	i	x			
Indoor Hot Tub	i	i	x			

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Swimming Pool, Hot Tub, RWF Survey	In Operation	Not in Operation	None
Outdoor Hot Tub	i	i	☒
Indoor RWF	i	i	☒
Outdoor RWF	i	i	☒

## Swimming Pool, Hot Tub, RWF Details

## EDUCATIONAL MATERIALS

The following educational materials were provided: "

***This item has Notes. See Footnote 1 at end of questionnaire.***

# KANSAS LODGING ESTABLISHMENT INSPECTION REPORT

## **Footnote 1**

### **Notes:**

Rooms were not inspected for cleanliness due to the hotels occupancy level, all rooms were dirty at time of inspection.

## LODGING VOLUNTARY CLOSURE STATEMENT

**Insp Date:** 4/13/2012      **Business ID:** 3321041L  
**Business:** Wheatland Inn  
 322 W Main St  
 Anthony, Ks 67003

**Inspection:** 33001656  
**Store ID:**  
**Phone:** 6208429195  
**Inspector:** KDA33  
**Reason:** 10 Licensing

**Time In / Time Out**

Date	In	Out	Insp	Travel	Total	Mileage	Notes:
04/13/12	10:10 AM	11:55 AM	1:45	1:10	2:55	0	
Total:			1:45	1:10	2:55	0	

LODGING VOLUNTARY CLOSURE STATEMENT

BECAUSE OF DEFICIENCIES NOTED ON THE ATTACHED LODGING SAFETY AND SANITATION INSPECTION REPORT, I VOLUNTARILY AGREE TO CLOSE THIS ESTABLISHMENT, OR THE PORTIONS OF THIS ESTABLISHMENT INDICATED BELOW UNTIL NEEDED CORRECTIONS HAVE BEEN COMPLETED. I AGREE NOT TO REOPEN THIS ESTABLISHMENT, OR THE PORTIONS INDICATED BELOW, PRIOR TO RE-INSPECTION BY THE KANSAS DEPARTMENT OF AGRICULTURE FOOD, DRUG, AND LODGING INSPECTOR.

Reinspection is currently scheduled for: \_\_\_\_\_

Inspection Report Number 33001656      Inspection Report Date 04/13/12

Lodging Establishment Name Wheatland Inn

Physical Address \_\_\_\_\_ City Anthony  
322 W Main St      Zip 67003

All Rooms Closed      Number of rooms closed 1

Room Number(s)  
and Reason(s) for  
Voluntary Closure

Room 212, visible mold on wall above shower in toilet room.

Additional Notes  
and Instructions

Room 212 must remained closed until all mold has been removed. Call for re-inspection.

## LODGING NOTICE OF NON COMPLIANCE WITH KANSAS LAW

**Insp Date:** 4/13/2012      **Business ID:** 3321041L  
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LODGING NOTICE OF NON COMPLIANCE WITH KANSAS LAW

This is to notify you that violations of the Kansas Food Service and Lodging Act, K.S.A. 36-501 et seq. and regulations promulgated thereunder, were observed during an inspection conducted at the Lodging establishment identified below and documented on the inspection report attached hereto. The Kansas lodging establishment regulations can be found in K.A.R. 28-36-70 through K.A.R. 28-36-89.

REINSPECTION OF YOUR ESTABLISHMENT WILL BE MADE TO DETERMINE IF THE VIOLATIONS INDICATED ON THE INSPECTION REPORT HAVE BEEN CORRECTED. REINSPECTION WILL OCCUR ON OR SHORTLY AFTER THE DATE SPECIFIED BELOW.

The Kansas food service and lodging act, grants the Kansas Department of Agriculture the authority to regulate all Kansas lodging establishments including hotels, motels, rooming houses, and boarding houses such as bed and breakfast establishments. Failure to comply with the Kansas food service and lodging act and its regulations may result in immediate closure of your establishment; civil penalties of up to \$ 500.00 per violation, denial, suspension or revocation of the lodging establishment license.

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

Follow up Scheduled 05/14/12

Inspection Report Number 33001656      Inspection Report Date 04/13/12

Lodging Establishment Name Wheatland Inn

Physical Address \_\_\_\_\_ City Anthony  
322 W Main St      Zip 67003

Additional Notes and Instructions

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