

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: 1/30/2015 **Business ID:** 105631FE
Business: WHISPERS

Inspection: 40001284
Store ID:
Phone: 9137243322
Inspector: KDA40
Reason: 13 Re-Opening Inspection
Results: Follow-up

13944 MITCHELL CT
 BASEHOR, KS 66007

Time In / Time Out

Date	In	Out	Insp	Travel	Total	Mileage	Notes:
01/30/15	02:20 PM	04:00 PM	1:40	0:20	2:00	0	
Total:			1:40	0:20	2:00	0	

FOOD ESTABLISHMENT PROFILE

Physical Address 13944 MITCHELL CT City BASEHOR
 Zip 66007

Owner _____ License Type FE

Risk Category RAC# 05 High Risk RAC/Size Confirmed Size Range Under 5,000 sq feet

Updated Risk Category _____ Updated Size Range _____

Insp. Notification Print Lic. Insp. _____

Priority(P) Violations 2 Priority foundation(Pf) Violations 0

Certified Manager on Staff Address Verified Actual Sq. Ft. 0

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) 564-6767.

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

KANSAS FOOD ESTABLISHMENT INSPECTION REPORT

Demonstration of Knowledge	Y	N	O	A	C	R
1. Certification by accredited program, compliance with Code, or correct responses.	..	..	..	..	..	..
Employee Health	Y	N	O	A	C	R
2. Management awareness; policy present.	..	..	..	..	..	..
3. Proper use of reporting, restriction and exclusion.	..	..	..	..	..	..
Good Hygienic Practices	Y	N	O	A	C	R
4. Proper eating, tasting, drinking, or tobacco use	..	..	..	..	..	..
5. No discharge from eyes, nose and mouth.	..	..	..	..	..	..
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.	..	..	..	..	..	..
14. Food-contact surfaces: cleaned and sanitized.	..	..	..	..	..	..
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.	..	..	..	..	..	..
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.	..	..	..	..	..	..
Conformance with Approved Procedures	Y	N	O	A	C	R

KANSAS FOOD ESTABLISHMENT INSPECTION REPORT

Conformance with Approved Procedures	Y	N	O	A	C	R
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27. Compliance with variance, specialized process and HACCP plan.

GOOD RETAIL PRACTICES

Safe Food and Water	Y	N	O	A	C	R
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28. Pasteurized eggs used where required.

29. Water and ice from approved source.

30. Variance obtained for specialized processing methods.

Food Temperature Control	Y	N	O	A	C	R
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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
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35. Food properly labeled; original container.

Prevention of Food Contamination	Y	N	O	A	C	R
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36. Insects, rodents and animals not present. .. b

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

Fail Notes	6-202.15(A)(3)	<i>Outer openings (Doors) Outer openings of a FOOD ESTABLISHMENT shall be protected against the entry of insects and rodents by solid, self-closing, tight-fitting doors. [There is a gap greater than 1/4 inch in diameter at the corner threshold of the back door in the kitchen. The door opens directly to the outside.]</i>
	6-501.111(A)	<i>P - Pests (Prohibited) The PREMISES shall be maintained free of insects, rodents, and other pests. [There are approximately 50-60 fresh rodent droppings in the kitchen, storage areas DJ booth and behind the bar. The fresh droppings were in locations that employees had cleaned the previous night.]</i>

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
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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
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45a. Food and non-food contact surfaces cleanable, properly designed, constructed and used-
P and Pf items

45b. Food and non-food contact surfaces cleanable, properly designed, constructed and used-
Core items

KANSAS FOOD ESTABLISHMENT INSPECTION REPORT

Utensils, Equipment and Vending	Y	N	O	A	C	R
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|---|----|----|----|----|----|----|
| 46. Warewashing facilities: installed, maintained, and used; test strips. | .. | .. | .. | .. | .. | .. |
| 47. Non-food contact surfaces clean. | .. | .. | .. | .. | .. | .. |

Physical Facilities	Y	N	O	A	C	R
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|--|----|----|----|----|----|----|
| 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. | .. | .. | .. | .. | .. | .. |
| 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
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| 55. Other violations | .. | p | .. | .. | .. | .. |
|----------------------|----|---|----|----|----|----|

<i>Fail Notes</i>	8-404.11	<p><i>P - A LICENSEE shall immediately discontinue operations and notify the REGULATORY AUTHORITY if an IMMINENT HEALTH HAZARD may exist because of an emergency such as a fire, flood, extended interruption of electrical or water service, SEWAGE backup, misuse of POISONOUS OR TOXIC MATERIALS, onset of an apparent foodborne illness outbreak, gross insanitary occurrence or condition, or other circumstance that may endanger public health. A LICENSEE need not discontinue operations in an area of an establishment that is unaffected by the IMMINENT HEALTH HAZARD.</i></p> <p><i>[There are approximately 50-60 fresh rodent droppings throughout the kitchen, storage areas, DJ booth and bar. The droppings on in locations that had been cleaned the previous evening.]</i></p>
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EDUCATIONAL MATERIALS

The following educational materials were provided ..

KANSAS FOOD ESTABLISHMENT INSPECTION REPORT

Footnote 1

Notes:

Employees vacuumed droppings as they were discovered.

NOTICE OF NON COMPLIANCE WITH KANSAS LAW

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NOTICE OF NON COMPLIANCE WITH KANSAS LAW

The Kansas Food, Drug and Cosmetic Act, effective July 1, 2012 includes K.S.A. 65-619 et seq. and regulations promulgated pursuant thereto and grants the Kansas Department of Agriculture the authority to regulate food establishments and food processing plants.

The Kansas Food, Drug and Cosmetic Act requires that all violations shall be corrected no later than 10 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. 65-619 et seq, licensees issued authority under the Kansas Food, Drug and Cosmetic Act may apply to the secretary for an extension of the time prescribed above.

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

Follow up Scheduled _____

Inspection Report Number 40001284

Inspection Report Date 01/30/15

Establishment Name WHISPERS

Physical Address 13944 MITCHELL CT City BASEHOR

Zip 66007

Additional Notes and Instructions

A follow up inspection will be scheduled for 10 days after re-opening inspection approval.

VOLUNTARY CLOSURE STATEMENT

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VOLUNTARY CLOSURE STATEMENT

BECAUSE OF DEFICIENCIES NOTED ON THE ATTACHED KANSAS DEPARTMENT OF AGRICULTURE INSPECTION REPORT, I VOLUNTARILY AGREE TO CLOSE THIS ESTABLISHMENT AND CEASE OPERATION UNTIL NEEDED CORRECTIONS HAVE BEEN COMPLETED. I AGREE NOT TO REOPEN THIS ESTABLISHMENT PRIOR TO RE-INSPECTION BY THE FOOD, DRUG, AND LODGING SURVEYOR.

Reinspection is currently scheduled for _____

Inspection Report Number 40001284 Inspection Report Date 01/30/15

Establishment Name WHISPERS

Physical Address 13944 MITCHELL CT City BASEHOR
 Zip 66007

Additional Notes Establishment to contact the KDA main office to request a re-opening inspection