

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: 8/12/2013 **Business ID:** 101180FE
Business: TROPICS (THE)

 1121 S SUMMIT
 ARKANSAS CITY, KS 67005

Inspection: 44000092
Store ID:
Phone: 6204429899
Inspector: KDA44
Reason: 01 Routine
Results: No Follow-up

Time In / Time Out

| Date | In | Out | Insp | Travel | Total | Mileage | Notes: |
|---------------|----------|----------|------|--------|-------|---------|--------|
| 08/12/13 | 02:25 PM | 03:55 PM | 1:30 | 0:25 | 1:55 | 0 | |
| Total: | | | 1:30 | 0:25 | 1:55 | 0 | |

FOOD ESTABLISHMENT PROFILE

Insp. Notification Print Lic. Insp. No
 Priority(P) Violations 1 Priority foundation(Pf) Violations 1
 Certified Manager on Staff Address Verified p Actual Sq. Ft. 1976
 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

| | | | | | | |
|---|----|----|----|----|----|----|
| Demonstration of Knowledge | Y | N | O | A | C | R |
| 1. Certification by accredited program, compliance with Code, or correct responses. | .. | .. | p | .. | .. | .. |
| Employee Health | Y | N | O | A | C | R |
| 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

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|-------------------------|--|---|---|---|---|---|---|
| Good Hygienic Practices | | Y | N | O | A | C | R |
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| 4. Proper eating, tasting, drinking, or tobacco use | | p | .. | .. | .. | .. | .. |
| 5. No discharge from eyes, nose and mouth. | | p | .. | .. | .. | .. | .. |

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|-----------------------------------|--|---|---|---|---|---|---|
| Preventing Contamination by Hands | | Y | N | O | A | C | R |
|-----------------------------------|--|---|---|---|---|---|---|

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|--|--|----|----|----|----|----|----|
| 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 | .. | .. | p | .. |

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| <i>Fail Notes</i> | 6-301.12 | <i>Pf - Each HANDWASHING SINK or group of adjacent HANDWASHING SINKS shall be provided with: Individual, disposable towels; a continuous towel system that supplies the user with a clean towel; a heated-air hand drying device; or a hand drying device that employs an air-knife system that delivers high velocity, pressurized air at ambient temperatures. [The handsink was out of papertowels. Corrected on site, a roll of paper was placed next to the sink.]</i> |
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| Approved Source | | Y | N | O | A | C | R |
|-----------------|--|---|---|---|---|---|---|

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| 9. Food obtained from approved source. | | .. | .. | p | .. | .. | .. |
| <i>This item has Notes. See Footnote 1 at end of questionnaire.</i> | | | | | | | |
| 10. Food received at proper temperature. | | .. | .. | p | .. | .. | .. |
| 11. Food in good condition, safe and unadulterated. | | .. | p | .. | .. | p | .. |

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| <i>Fail Notes</i> | 3-101.11 | <i>P - FOOD shall be safe, UNADULTERATED, and honestly presented. [Twelve bottles of assorted liquors had fruit flies in them. COS, bottles were poured down the drain.]</i> |
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| 12. Required records available: shellstock tags, parasite destruction. | | .. | .. | .. | p | .. | .. |
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| Protection from Contamination | | Y | N | O | A | C | R |
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| 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 | .. | .. | .. | .. | .. |

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| Potentially Hazardous Food Time/Temperature | | Y | N | O | A | C | R |
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| 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 | .. | .. | .. | .. | .. |

This item has Notes. See Footnote 2 at end of questionnaire.

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| 21. Proper date marking and disposition. | | .. | .. | p | .. | .. | .. |
| 22. Time as a public health control: procedures and record. | | .. | .. | .. | p | .. | .. |

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| Consumer Advisory | | Y | N | O | A | C | R |
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| 23. Consumer advisory provided for raw or undercooked foods. | | .. | .. | .. | p | .. | .. |
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| Highly Susceptible Populations | | Y | N | O | A | C | R |
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| 24. Pasteurized foods used; prohibited foods not offered. | | .. | .. | p | .. | .. | .. |
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| Chemical | | Y | N | O | A | C | R |
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KANSAS FOOD ESTABLISHMENT INSPECTION REPORT

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| Chemical | | Y | N | O | A | C | R |
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25. Food additives: approved and properly used. p

26. Toxic substances properly identified, stored and used. p

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

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| GOOD RETAIL PRACTICES |
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| Safe Food and Water | | Y | N | O | A | C | R |
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28. Pasteurized eggs used where required. p

29. Water and ice from approved source. p

30. Variance obtained for specialized processing methods. p

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| Food Temperature Control | | Y | N | O | A | C | R |
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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

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| Food Identification | | Y | N | O | A | C | R |
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35. Food properly labeled; original container. p

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| Prevention of Food Contamination | | Y | N | O | A | C | R |
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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

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| Proper Use of Utensils | | Y | N | O | A | C | R |
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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

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| 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 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

47. Non-food contact surfaces clean. .. p

Fail Notes | 4-601.11(C) *NonFOOD-CONTACT SURFACES of EQUIPMENT shall be kept free of an accumulation of dust, dirt, FOOD residue, and other debris. [A microwave oven on site has food residue on the walls and ceiling.]*

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| Physical Facilities | | Y | N | O | A | C | R |
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KANSAS FOOD ESTABLISHMENT INSPECTION REPORT

| Physical Facilities | | Y | N | O | A | C | R |
|----------------------|---|----|----|----|----|----|----|
| 48. | Hot and cold water available; adequate pressure. | p | .. | .. | .. | .. | .. |
| 49. | Plumbing installed; proper backflow devices. | .. | p | .. | .. | .. | .. |
| <i>Fail Notes</i> | 5-203.13(A) <i>At least 1 service sink or 1 curbed cleaning facility equipped with a floor drain shall be provided and conveniently located for the cleaning of mops or similar wet floor cleaning tools and for the disposal of mop water and similar liquid waste. [The facility is an old facility and does not have a mop sink. A variance needs to be applied for to empty the bucket into the toilet. A variance request can be made by emailing FSL@kda.ks.gov. Explain why it would be difficult to install a mop sink and describe how you will dispose of the mop water.]</i> | | | | | | |
| 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 | .. | .. | .. | .. |
| <i>Fail Notes</i> | 6-501.114(B) <i>Premises (Litter) The PREMISES shall be free of litter. [There was an assortment of empty boxes, chip packets and other bits of trash in corners or under counters that could harbor pests.]</i> | | | | | | |
| 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

KANSAS FOOD ESTABLISHMENT INSPECTION REPORT

Footnote 1

Notes:

The only time food is served is during private parties, people bring in their own food.

Footnote 2

Notes:

Refrigerator with juices was ambient temp 34.3.

FIELD WARNING LETTER

Insp Date: 8/12/2013 **Business ID:** 101180FE
Business: TROPICS (THE)

1121 S SUMMIT
ARKANSAS CITY, KS 67005

Inspection: 44000092
Store ID:
Phone: 6204429899
Inspector: KDA44
Reason: 01 Routine

Reference:

Time In / Time Out

| Date | In | Out | Insp | Travel | Total | Mileage | Notes; |
|----------|----------|----------|------|--------|-------|---------|--------|
| 08/12/13 | 02:25 PM | 03:55 PM | 1:30 | 0:25 | 1:55 | 0 | |
| Total: | | | 1:30 | 0:25 | 1:55 | 0 | |

FIELD WARNING LETTER

The Kansas Food, Drug and Cosmetic Act, effective July 1, 2012, K.S.A. 65-619 *et seq.* and regulations promulgated pursuant thereto, grants the Kansas Department of Agriculture authority to regulate food establishments and food processing plants. The Kansas Food Code is adopted and amended by K.A.R. 4-28-8 through 15.

During the inspection today of the Food Establishment listed above, violations of the Kansas Food Code were observed. The violations are documented in the attached Kansas Food Establishment Inspection Report.

Although we will not take further action at this time based on this inspection report, repeated violations observed during future inspections 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 Kansas Food, Drug and Cosmetic Act;
- and/or any other penalty authorized by law.

Future inspections will be initiated during the next routine inspection cycle, unless we receive a complaint about the food establishment.

VOLUNTARY DESTRUCTION REPORT

Insp Date: 8/12/2013 **Business ID:** 101180FE
Business: TROPICS (THE)

1121 S SUMMIT
 ARKANSAS CITY, KS 67005

Inspection: 44000092
Store ID:
Phone: 6204429899
Inspector: KDA44
Reason: 01 Routine

Time In / Time Out

| Date | In | Out | Insp | Travel | Total | Mileage | Notes: |
|----------|----------|----------|------|--------|-------|---------|--------|
| 08/12/13 | 02:25 PM | 03:55 PM | 1:30 | 0:25 | 1:55 | 0 | |
| Total: | | | 1:30 | 0:25 | 1:55 | 0 | |

ACTIONS

Number of products Voluntarily Destroyed 1

VOLUNTARY DESTRUCTION REPORT

I have this day voluntarily destroyed, or caused to be destroyed, the merchandise described below. Said merchandise found in my possession was unfit for human consumption, misbranded, or otherwise unlawful. Destruction and final disposition of said merchandise has been done in a manner approved by the above named Inspector, representative of the Kansas Department of Agriculture.

I hereby release the Kansas Department of Agriculture, and its members, agents, and representatives from any and all liability.

1. Product Twelve Bottles of Liquor Qty 2 Units gal Value \$ 250

Description Twelve bottles of assorted liquors were contaminated with fruit flies and were poured down the drain.

Reason Product Destroyed Adulterated Method Product Destroyed Dumpster

Disposal Location Firm Embargo Hold Tag # N/A