

**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:** 6/12/2014      **Business ID:** 484163FE  
**Business:** BENDERS  
 733 Commercial  
  
 Atchison, KS 66002

**Inspection:** 48001291  
**Store ID:**  
**Phone:** 913-426-7590  
**Inspector:** KDA48  
**Reason:** 05 Courtesy  
**Results:** Follow-up

**Time In / Time Out**

Date	In	Out	Insp	Travel	Total	Mileage	Notes:
06/12/14	06:20 PM	07:35 PM	1:15	0:05	1:20	0	
<b>Total:</b>			1:15	0:05	1:20	0	

**FOOD ESTABLISHMENT PROFILE**

Physical Address \_\_\_\_\_ City Atchison  
733 Commercial \_\_\_\_\_ Zip 66002  
 Owner \_\_\_\_\_ License Type \_\_\_\_\_  
 Risk Category \_\_\_\_\_ RAC/Size Confirmed  Size Range \_\_\_\_\_  
 Updated Risk Category \_\_\_\_\_ Updated Size Range \_\_\_\_\_  
 Insp. Notification \_\_\_\_\_ Sent Notification To \_\_\_\_\_ Lic. Insp. No  
 Priority(P) Violations 0 Priority foundation(Pf) Violations 2  
 Certified Manager on Staff  Address Verified  Actual Sq. Ft. \_\_\_\_\_  
 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](http://www.agriculture.ks.gov), EMAIL [fsl@kda.ks.gov](mailto: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**

# KANSAS FOOD ESTABLISHMENT INSPECTION REPORT

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

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

Employee Health	Y	N	O	A	C	R
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2. Management awareness; policy present.

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3. Proper use of reporting, restriction and exclusion.

.. .. . . . . .

Good Hygienic Practices	Y	N	O	A	C	R
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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
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6. Hands clean and properly washed.

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7. No bare hand contact with RTE foods or approved alternate method properly followed.

.. .. . . . . .

8. Adequate handwashing facilities supplied and accessible.

.. p .. . . . . .

<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. [Handsink at the bar was not supplied with a method to dry hands.]</i>
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Approved Source	Y	N	O	A	C	R
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9. Food obtained from approved source.

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10. Food received at proper temperature.

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11. Food in good condition, safe and unadulterated.

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12. Required records available: shellstock tags, parasite destruction.

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Protection from Contamination	Y	N	O	A	C	R
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13. Food separated and protected.

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14. Food-contact surfaces: cleaned and sanitized.

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15. Proper disposition of returned, previously served, reconditioned and unsafe food.

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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.

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17. Proper reheating procedures for hot holding.

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18. Proper cooling time and temperatures.

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19. Proper hot holding temperatures.

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20. Proper cold holding temperatures.

.. .. p .. . . . . .

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

21. Proper date marking and disposition.

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22. Time as a public health control: procedures and record.

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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.

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# KANSAS FOOD ESTABLISHMENT INSPECTION REPORT

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
27. Compliance with variance, specialized process and HACCP plan.	..	..	..	..	..	..
<b>GOOD RETAIL PRACTICES</b>						
Safe Food and Water	Y	N	O	A	C	R
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
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
35. Food properly labeled; original container.	..	..	..	..	..	..
Prevention of Food Contamination	Y	N	O	A	C	R
36. Insects, rodents and animals not present.	..	..	..	..	..	..
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
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
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	..	..	..	..	..	..
46. Warewashing facilities: installed, maintained, and used; test strips.	..	p	..	..	..	..

# KANSAS FOOD ESTABLISHMENT INSPECTION REPORT

Utensils, Equipment and Vending	Y	N	O	A	C	R
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<i>Fail Notes</i>	4-302.14	<i>Pf - A test kit or other device that accurately measures the concentration in mg/L of SANITIZING solutions shall be provided. [Location uses quat tablets in the three compartment sink but could not supply quat test strips.]</i>
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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. .. 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. [Location does not have a service sink or curbed cleaning facility. There is an old restroom with a toilet not in use. Employee stated he could install a mop sink in that location.]</i>
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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 .. .. . . . . .

<i>Fail Notes</i>	K.S.A. 65-689(a)	<i>It shall be unlawful for any person to engage in the business of conducting a food establishment or food processing plant unless such person shall have in effect a valid license therefor issued by the secretary. [This establishment has been in operation since 2/14. They have been operating without a license since that time.]</i>
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EDUCATIONAL MATERIALS
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The following educational materials were provided ..

# KANSAS FOOD ESTABLISHMENT INSPECTION REPORT

## **Footnote 1**

### **Notes:**

I came to this location today because an expired license was attached to this address. When I arrived I found this new bar in business selling canned and bottled beer and canned pop. The owner was not present but I spoke to him on the phone. He was not aware that he needed a license with the Dept of Ag.

Because this location began operating in 2/14, they will need to pay fees for last year and this current year. Up until now they have only sold the bottled and canned beverages. Moving forward, owner would like to sell commercially prepared pizzas and hot dogs. These items would be for immediate service. Owner has been instructed to fill out the "Food Establishment" application and pay fees of \$485. This fee was determined by the inspector. \$285 for the previous year as a "Category 3" and \$200 for the renewal fee as a "Category 2."

Once application and fees are paid a licensing inspection will take place.

## **Footnote 2**

### **Notes:**

Only non-potentially hazardous foods being stored.

## 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 48001291      Inspection Report Date 06/12/14

Establishment Name BENDERS

Physical Address \_\_\_\_\_ City Atchison

733 Commercial      Zip 66002

Additional Notes Licensing inspection will take place once an application and fees are received by the Topeka Office.