

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: 4/28/2014 **Business ID:** 105532FE
Business: WESTON'S CAFE

Inspection: 49000824
Store ID:
Phone: 6208564414
Inspector: KDA49
Reason: 07 Disaster
Results: No Follow-up

1737 MILITARY
 BAXTER SPRINGS, KS 66713

Time In / Time Out

Date	In	Out	Insp	Travel	Total	Mileage	Notes:
04/28/14	03:30 PM	04:00 PM	0:30	0:00	0:30	0	
Total:			0:30	0:00	0:30	0	

FOOD ESTABLISHMENT PROFILE

Physical Address 1737 MILITARY City BAXTER SPRINGS
 Zip 66713

Owner _____ License Type FE

Risk Category RAC# 06 High Risk RAC/Size Confirmed Size Range Under 5,000 sq feet

Updated Risk Category _____ Updated Size Range _____

Insp. Notification _____ Sent Notification To _____ Lic. Insp. _____

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

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, 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

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.

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GOOD RETAIL PRACTICES

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

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29. Water and ice from approved source.

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30. Variance obtained for specialized processing methods.

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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.

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32. Plant food properly cooked for hot holding.

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33. Approved thawing methods used.

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34. Thermometers provided and accurate.

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

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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.

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37. Contamination prevented during food preparation, storage and display.

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38. Personal cleanliness.

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39. Wiping cloths: properly used and stored.

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40. Washing fruits and vegetables.

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Proper Use of Utensils	Y	N	O	A	C	R
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41. In-use utensils: properly stored.

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42. Utensils, equipment and linens: properly stored, dried and handled.

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43. Single-use and single-service articles: properly used.

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44. Gloves used properly.

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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

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

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46. Warewashing facilities: installed, maintained, and used; test strips.

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47. Non-food contact surfaces clean.

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Physical Facilities	Y	N	O	A	C	R
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48. Hot and cold water available; adequate pressure.

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49. Plumbing installed; proper backflow devices.

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50. Sewage and waste water properly disposed.

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51. Toilet facilities: properly constructed, supplied and cleaned.

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52. Garbage and refuse properly disposed; facilities maintained.

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Physical Facilities	Y	N	O	A	C	R
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53. Physical facilities installed, maintained and clean.
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54. Adequate ventilation and lighting; designated areas used.
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Administrative/Other	Y	N	O	A	C	R
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55. Other violations
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This item has Notes. See Footnote 1 at end of questionnaire.

EDUCATIONAL MATERIALS

The following educational materials were provided ..

KANSAS FOOD ESTABLISHMENT INSPECTION REPORT

Footnote 1

Notes:

A tornado hit Baxter Springs on 4/27/14 at approximately 5:30 PM. The establishment's roof is mostly gone. The North wall is gone. No units have been working since the storm. There are 5 refrigerators and 5 freezers. Food is still frozen in 3 of the freezers. Those will not be embargoed as owners are trying to find operating units to save the food. The dry storage area was not damaged.

EMBARGO NOTIFICATION

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ACTIONS

Number of products Embargoed 1

EMBARGO NOTIFICATION

In accordance with K.S.A. 65-660, you are hereby notified that the following described merchandise, now in your possession or custody, is suspected of being adulterated or misbranded under the provisions of the Kansas Food, Drug and Cosmetic Act. The removal or disposal of the merchandise listed below without permission of the inspector or a court of proper jurisdiction is unlawful, and all persons having any interest or right in the embargoed merchandise should be so warned.

1. Product Refrigerated and frozen food Embargo Hold Tag # N/A Qty Units

Product Description All food items in the 5 refrigerators and 2 freezers that are no longer holding foods frozen. Asst eggs, cheese, ground beef, sausage, fish, veal, tator tots.

Embargo Reason Adulterated Embargo Location Firm

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 49000824 Inspection Report Date 04/28/14

Establishment Name WESTON'S CAFE

Physical Address 1737 MILITARY City BAXTER SPRINGS
 Zip 66713

Additional Notes

Disaster Report Form

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Disaster Information

Type Transportation Accident Fire Storm Damage Other
 Power Outage Flood

Occurrence Date 04/27/2014 Occurrence Time 05:30 PM

Product Information

Product Description Assorted frozen and refrigerated foods

Product Value \$ _____ Product Quantity (Weight or Amount) _____

Voluntary Destruction Embargo Product Not Detained Photos

Carrier Licensee Other

Owner Street Address _____

Owner City _____ Owner State _____ Owner Zip _____

Owner Point of Contact Susan & Don Westin Owner Phone # _____