

**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:** 6/5/2012  
**Business:** Paradise Ice  
 433 4th  
 Ashland, KS 67831

**Business ID:** 5621572R

**Inspection:** 56003156  
**Store ID:**  
**Phone:** 6206352031  
**Inspector:** KDA56  
**Reason:** 10 Licensing  
**Results:** No Follow-up

**Time In / Time Out**

Date	In	Out	Insp	Travel	Total	Mileage	Notes:
06/05/12	03:50 PM	05:00 PM	1:10	0:45	1:55	0	
<b>Total:</b>			1:10	0:45	1:55	0	

**FOOD ESTABLISHMENT PROFILE**

Insp. Notification Print Critical Violations 1 Lic. Insp. Yes  
 Left App. Yes Lic. Approved No  
 Address Verified p

**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.

HACCP=Hazard Analysis-Critical Control Point, BHC=Bare Hand Contact, RTE=Ready to Eat, CRITICAL=Critical Violation, SWING=Swing Violation (May be critical or non-critical), HSP=Highly Susceptible Population, K.S.A.=Kansas Statutes Annotated, All temperatures are measured in degrees Fahrenheit (°F).

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

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**

<b>Demonstration of Knowledge</b>	Y	N	O	A	C	R
1. Certification by accredited program, compliance with Code, or correct responses.	..	..	p	..	..	..
<b>Employee Health</b>	Y	N	O	A	C	R
2. Management awareness; policy present.	p	..	..	..	..	..
3. Proper use of reporting, restriction and exclusion.	p	..	..	..	..	..
<b>Good Hygienic Practices</b>	Y	N	O	A	C	R
4. Proper eating, tasting, drinking, or tobacco use	p	..	..	..	..	..

# KANSAS FOOD ESTABLISHMENT INSPECTION REPORT

<b>Good Hygienic Practices</b>	Y N O A C R
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5. No discharge from eyes, nose and mouth.	p . . . . .
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<b>Preventing Contamination by Hands</b>	Y N O A C R
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6. Hands clean and properly washed.	. . . p . . .
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7. No bare hand contact with RTE foods or approved alternate method properly followed.	. . . p . . .
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8. Adequate handwashing facilities supplied and accessible.	. . p . . . .
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<i>Fail Notes</i>	6-301.11	Handwash cleanser provided [There was no hand soap available at the hand sink in the prep area.]
	6-301.12	Hand Drying Provision. [There were no paper towels available at the hand sink in the prep area.]

<b>Approved Source</b>	Y N O A C R
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9. Food obtained from approved source.	p . . . . .
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10. Food received at proper temperature.	. . . p . . .
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11. Food in good condition, safe and unadulterated.	. . . . .
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12. Required records available: shellstock tags, parasite destruction.	. . . . p . .
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<b>Protection from Contamination</b>	Y N O A C R
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13. Food separated and protected.	. . . . p . .
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14. Food-contact surfaces: cleaned and sanitized.	p . . . . .
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15. Proper disposition of returned, previously served, reconditioned and unsafe food.	. . . . p . .
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<b>Potentially Hazardous Food Time/Temperature</b>	Y N O A C R
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16. Proper cooking time and temperatures.	. . . . p . .
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17. Proper reheating procedures for hot holding.	. . . . p . .
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18. Proper cooling time and temperatures.	. . . . p . .
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19. Proper hot holding temperatures.	. . . . p . .
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20. Proper cold holding temperatures.	. . . . p . .
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21. Proper date marking and disposition.	. . . . p . .
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22. Time as a public health control: procedures and record.	. . . . p . .
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<b>Consumer Advisory</b>	Y N O A C R
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23. Consumer advisory provided for raw or undercooked foods.	. . . . p . .
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<b>Highly Susceptible Populations</b>	Y N O A C R
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24. Pasteurized foods used; prohibited foods not offered.	. . . . p . .
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<b>Chemical</b>	Y N O A C R
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25. Food additives: approved and properly used.	. . . . p . .
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26. Toxic substances properly identified, stored and used.	p . . . . .
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<b>Conformance with Approved Procedures</b>	Y N O A C R
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27. Compliance with variance, specialized process and HACCP plan.	. . . . p . .
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<b>GOOD RETAIL PRACTICES</b>
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<b>Safe Food and Water</b>	Y N O A C R
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28. Pasteurized eggs used where required.	. . . . p . .
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# KANSAS FOOD ESTABLISHMENT INSPECTION REPORT

Safe Food and Water		Y	N	O	A	C	R
29. Water and ice from approved source.		p	..	..	..	..	..
30. Variance obtained for specialized processing methods.		..	..	..	p	..	..
Food Temperature Control		Y	N	O	A	C	R
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	..	..	..
Food Identification		Y	N	O	A	C	R
35. Food properly labeled; original container.		p	..	..	..	..	..
Prevention of Food Contamination		Y	N	O	A	C	R
36. Insects, rodents and animals not present; no unauthorized persons.		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	..	..	..
Proper Use of Utensils		Y	N	O	A	C	R
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	..	..	..
Utensils, Equipment and Vending		Y	N	O	A	C	R
45a. Food and non-food contact surfaces cleanable, properly designed, constructed and used- Critical items		p	..	..	..	..	..
45b. Food and non-food contact surfaces cleanable, properly designed, constructed and used- non-critical items		p	..	..	..	..	..
46. Warewashing facilities: installed, maintained, and used; test strips.		..	p	..	..	..	..
<i>Fail Notes</i>	4-301.12(A)* <i>CRITICAL - 3-compartment sink required [There was not a 3-vat sink located in the facility for washing bottles, plastic food storage containers, or utensils. ]</i>  4-302.14 <i>Sanitizer test kit [There were no chlorine sanitizer test strips available. ]</i>						
47. Non-food contact surfaces clean.		p	..	..	..	..	..
Physical Facilities		Y	N	O	A	C	R
48. Hot and cold water available; adequate pressure.		p	..	..	..	..	..
49. Plumbing installed; proper backflow devices.		p	..	..	..	..	..
50. Sewage and waste water properly disposed.		p	..	..	..	..	..
51. Toilet facilities: properly constructed, supplied and cleaned.		..	p	..	..	..	..
<i>Fail Notes</i>	6-501.19 <i>Toilet room doors kept closed except during cleaning/maintenance [The restroom doors were not self closing. ]</i>						
52. Garbage and refuse properly disposed; facilities maintained.		p	..	..	..	..	..

## KANSAS FOOD ESTABLISHMENT INSPECTION REPORT

Physical Facilities	Y	N	O	A	C	R
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53. Physical facilities installed, maintained and clean.	p	..	..	..	..	..
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54. Adequate ventilation and lighting; designated areas used.	p	..	..	..	..	..
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Administrative/Other	Y	N	O	A	C	R
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55. Other violations	..	p	..	..	..	..
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<i>Fail Notes</i>	K.S.A. 36-503(a) <i>Operating without a food service establishment license [Establishment had been operating for a month without a valid food service license.]</i>
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EDUCATIONAL MATERIALS
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The following educational materials were provided      p

<i>Material Distributed</i>	<i>Education Title #10    Did You Wash 'Em Sign / Sticker</i>
	<i>Education Title #36    Manual Cleaning Sanitizing</i>

## VOLUNTARY CLOSURE STATEMENT

**Insp Date:** 6/5/2012  
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 433 4th

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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 56003156 Inspection Report Date 06/05/12

Establishment Name Paradise Ice

Physical Address \_\_\_\_\_ City Ashland  
433 4th Zip 67831

Additional Notes Licensing inspection will be conducted when notified by the owner.

## NOTICE OF NON COMPLIANCE WITH KANSAS LAW

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**NOTICE OF NON COMPLIANCE WITH KANSAS LAW**

Food Service Establishments and Retail Food Stores. The Kansas Food Code, Section 8-405.11(B) as adopted and amended by K.A.R. 4-28-8 through 15, requires that all critical violations shall be corrected no later than 10 days after this inspection and all noncritical violations shall be corrected no later than 90 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. 36-508, licensees issued authority under the Kansas Food Service and Lodging Act may apply to the secretary for an extension of the time prescribed above.

\* The Food Safety Law, effective October 1, 2004, includes K.S.A. 74-581 et seq.; the Kansas Food, Drug and Cosmetic Act, K.S.A. 65-601 et seq.; the Kansas Food Service and Lodging Act, K.S.A. 36-501 et seq.;, and regulations promulgated pursuant thereto and grants the Kansas Department of Agriculture the authority to regulate mobile retail ice cream vendors; food service establishments located in retail food stores; food vending machines; food vending machine companies and dealers; retail food stores; food processing plants; food service establishments.

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

Follow up Scheduled \_\_\_\_\_

Inspection Report Number 56003156

Inspection Report Date 06/05/12

Establishment Name Paradise Ice

Physical Address \_\_\_\_\_ City Ashland

433 4th \_\_\_\_\_ Zip 67831

Additional Notes and Instructions

Follow up inspection will be conducted when notified by the owner that a 3-vat sink has been installed.