

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: 9/26/2011 **Business ID:** 6912691R
Business: Great Plains Theatre
 300 N Mulberry

 Abilene, KS 67410

Inspection: 69001791
Store ID:
Phone: 785-263-4574
Inspector: KDA69
Reason: 10 Licensing
Results: No Follow-up

Time In / Time Out

Date	In	Out	Insp	Travel	Total	Mileage	Notes:
09/26/11	02:00 PM	03:40 PM	1:40	1:00	2:40	0	
Total:			1:40	1:00	2:40	0	

FOOD ESTABLISHMENT PROFILE			
Updated Risk Category _____	Updated Sq. Footage _____		
Insp. Notification _____	Print _____	Critical Violations <u>3</u> _____	Lic. Insp. <u>Yes</u> _____
		Left App. <u>Yes</u> _____	Lic. Approved <u>No</u> _____
Address Verified <u>p</u>			

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

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

KANSAS FOOD ESTABLISHMENT INSPECTION REPORT

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 | .. | .. | .. |

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 | .. | .. | .. | .. |

Fail Notes | 5-204.11(A)* **CRITICAL - Handsink Location-food prep, etc.**
 [No handsink located in food prep area.]

Approved Source	Y	N	O	A	C	R
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|--|----|----|----|----|----|----|
| 9. Food obtained from approved source. | p | .. | .. | .. | .. | .. |
| 10. Food received at proper temperature. | .. | .. | .. | p | .. | .. |
| 11. Food in good condition, safe and unadulterated. | p | .. | .. | .. | .. | .. |
| 12. Required records available: shellstock tags, parasite destruction. | .. | .. | .. | p | .. | .. |

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 | .. | .. |

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

Consumer Advisory	Y	N	O	A	C	R
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|--|----|----|----|---|----|----|
| 23. Consumer advisory provided for raw or undercooked foods. | .. | .. | .. | p | .. | .. |
|--|----|----|----|---|----|----|

Highly Susceptible Populations	Y	N	O	A	C	R
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|---|----|----|----|---|----|----|
| 24. Pasteurized foods used; prohibited foods not offered. | .. | .. | .. | p | .. | .. |
|---|----|----|----|---|----|----|

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 | .. | .. | .. |

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

GOOD RETAIL PRACTICES

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

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	..	..	..	..
<i>Fail Notes</i> | 3-304.12(B) <i>In-use utensil storage(non-PHF)-handles above food [Cup in ice bin does does not have a handle.]</i>						
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- Critical items	..	p	..	..	..	..
<i>Fail Notes</i> | 4-101.11* <i>CRITICAL - Utensils/food-contact surfaces of safe materials [Ice bucket is a hardware "Do it yourself" - not food grade.]</i>						
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 [No three compartment sink, facility has 2 compartment sink.]</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	..	..	..	..	..
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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This item has Notes. See Footnote 1 at end of questionnaire.

Fail Notes | **K.S.A. 36-503(a)** *Operating without a food service establishment license
[Facility serves popcorn, fountain drinks, and packaged food.]*

EDUCATIONAL MATERIALS

The following educational materials were provided p

<i>Material Distributed</i>		<i>Education Title #22</i>	<i>Focus On Food Safety Manual (on the Website) [Left copy of Focus on Food Safety Book.]</i>
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KANSAS FOOD ESTABLISHMENT INSPECTION REPORT

Footnote 1

Notes:

Facility allowed to sell prepackaged candy and pop until licensing requirements are met until further notice.

VOLUNTARY CLOSURE STATEMENT

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Business: Great Plains Theatre
 300 N Mulberry
 Abilene, KS 67410

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Phone: 785-263-4574
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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 69001791 Inspection Report Date 09/26/11

Establishment Name Great Plains Theatre

Physical Address _____ City Abilene

300 N Mulberry Zip 67410

Additional Notes Reinspection upon request of Great Plains Theatre.