

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: 5/19/2015 **Business ID:** 120323FE
Business: DNA HIDEAWAY SHACK
 8639 SE HWY ALT 69

 BAXTER SPRINGS, KS 66713

Inspection: 81000575
Store ID:
Phone: 918-541-0533
Inspector: KDA81
Reason: 10 Licensing
Results: Follow-up

Time In / Time Out

| Date | In | Out | Insp | Travel | Total | Mileage | Notes: |
|----------|----------|----------|------|--------|-------|---------|--------------------|
| 05/19/15 | 02:30 PM | 03:45 PM | 1:15 | 0:00 | 1:15 | 0 | |
| 05/19/15 | 03:45 PM | | 0:00 | 0:30 | 0:30 | 0 | travel to domicile |
| Total: | | | 1:15 | 0:30 | 1:45 | 0 | |

| FOOD ESTABLISHMENT PROFILE | | | |
|--------------------------------------|---|-------------------------|-------------------------|
| Updated Risk Category _____ | Updated Size Range _____ | | |
| Insp. Notification <u>Email</u> | Sent Notification To _____ | Lic. Insp. <u>Yes</u> | |
| Priority(P) Violations <u>0</u> | Priority foundation(Pf) Violations <u>0</u> | Left App. <u>Yes</u> | Lic. Approved <u>No</u> |
| Certified Manager on Staff <u> </u> | Address Verified <u>p</u> | Actual Sq. Ft. <u>0</u> | |
| Certified Manager Present <u> </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.

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) 564-6767.

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 | | | | | |

KANSAS FOOD ESTABLISHMENT INSPECTION REPORT

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|--|----|----|----|----|----|----|
| Good Hygienic Practices | Y | N | O | A | C | R |
| 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 |
| 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 | .. | .. | .. | .. | .. |
| Approved Source | Y | N | O | A | C | R |
| 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 |
| 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 |
| 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 |
| 23. Consumer advisory provided for raw or undercooked foods. | .. | .. | .. | p | .. | .. |
| Highly Susceptible Populations | Y | N | O | A | C | R |
| 24. Pasteurized foods used; prohibited foods not offered. | .. | .. | .. | p | .. | .. |
| Chemical | Y | N | O | A | C | R |
| 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 |
| 27. Compliance with variance, specialized process and HACCP plan. | .. | .. | .. | p | .. | .. |
| GOOD RETAIL PRACTICES | | | | | | |
| Safe Food and Water | Y | N | O | A | C | R |
| 28. Pasteurized eggs used where required. | .. | .. | .. | p | .. | .. |
| 29. Water and ice from approved source. | p | .. | .. | .. | .. | .. |

KANSAS FOOD ESTABLISHMENT INSPECTION REPORT

| Safe Food and Water | Y | N | O | A | C | R |
|--|----|----|----|----|----|----|
| 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. | 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- 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 | .. | .. | .. | .. |
| <div style="display: flex; align-items: flex-start;"> <div style="border-right: 1px solid black; padding-right: 5px; margin-right: 5px;"> <i>Fail Notes</i> </div> <div> <p>4-301.12(A) <i>Pf - Except as specified in ¶ 4-301.12(C) and ¶ (F), a sink with at least 3 compartments shall be provided for manually washing, rinsing, and SANITIZING EQUIPMENT and UTENSILS. [The facility does not have a functional 3 compartment sink. There are 3 sinks, however they are not all plumbed. PIC will call inspector when 3 compartment sink is installed correctly.]</i></p> </div> </div> | | | | | | |
| 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 | .. | .. | .. | .. | .. |
| <i>This item has Notes. See Footnote 1 at end of questionnaire.</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 | .. | .. | .. | .. |

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|---------------------|-----------------------|
| Physical Facilities | Y N O A C R |
|---------------------|-----------------------|

| | | |
|-------------------|-------------|---|
| <i>Fail Notes</i> | 6-501.12(A) | <i>PHYSICAL FACILITIES shall be cleaned as often as necessary to keep them clean. [The storage room has several old wasp nests on the wall. Advised to clean.]</i> |
|-------------------|-------------|---|

54. Adequate ventilation and lighting; designated areas used. .. p

| | | |
|-------------------|-------------|---|
| <i>Fail Notes</i> | 6-303.11(A) | <i>Light intensity (108 lux) The light intensity shall be at least 108 lux (10 foot candles) at a distance of 75 cm (30 inches) above the floor, in walk-in refrigeration units and dry FOOD storage areas and in other areas and rooms during periods of cleaning. [The lights in the dry storage room are not working correctly. A flashlight is needed to see into the room.]</i> |
|-------------------|-------------|---|

| | |
|----------------------|-----------------------|
| Administrative/Other | Y N O A C R |
|----------------------|-----------------------|

55. Other violations .. p p ..

| | | |
|-------------------|------------------|---|
| <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. [The facility has been operating without a license since 3/31/15. Fees and the application has been submitted during the inspection.]</i> |
|-------------------|------------------|---|

| |
|-----------------------|
| EDUCATIONAL MATERIALS |
|-----------------------|

The following educational materials were provided ..

KANSAS FOOD ESTABLISHMENT INSPECTION REPORT

Footnote 1

Notes:

A field variance request is being granted to dump grey water into the toilet after moping the floors.

NOTICE OF NON COMPLIANCE WITH KANSAS LAW

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8639 SE HWY ALT 69

BAXTER SPRINGS, KS 66713

Inspection: 81000575

Store ID:

Phone: 918-541-0533

Inspector: KDA81

Reason: 10 Licensing

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NOTICE OF NON COMPLIANCE WITH KANSAS LAW

The Kansas Food, Drug and Cosmetic Act, effective July 1, 2012 includes K.S.A. 65-619 et seq. and regulations promulgated pursuant thereto and grants the Kansas Department of Agriculture the authority to regulate food establishments and food processing plants.

The Kansas Food, Drug and Cosmetic Act requires that all violations shall be corrected no later than 10 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. 65-619 et seq, licensees issued authority under the Kansas Food, Drug and Cosmetic Act may apply to the secretary for an extension of the time prescribed above.

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

Follow up Scheduled _____

Inspection Report Number 81000575

Inspection Report Date 05/19/15

Establishment Name DNA HIDEAWAY SHACK

Physical Address _____ City BAXTER SPRINGS

8639 SE HWY ALT 69 Zip 66713

Additional Notes and Instructions

Owner will contact inspector when the 3 compartment sink is installed for a reopening inspection.

VOLUNTARY CLOSURE STATEMENT

Insp Date: 5/19/2015 **Business ID:** 120323FE
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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 81000575 Inspection Report Date 05/19/15

Establishment Name DNA HIDEAWAY SHACK

Physical Address _____ City BAXTER SPRINGS
8639 SE HWY ALT 69 Zip 66713

Additional Notes Facility has agreed to voluntarily close until a 3 compartment sink has been installed.