

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: 6/23/2015 **Business ID:** 107190fe
Business: HALEY'S LOUNGE

Inspection: 87000334
Store ID:
Phone: 8168043713
Inspector: KDA87
Reason: 01 Routine
Results: Follow-up

1114 N 7TH ST
 ATCHISON, KS 66002

Time In / Time Out

Date	In	Out	Insp	Travel	Total	Mileage	Notes:
06/23/15	10:00 AM	11:30 AM	1:30	0:10	1:40	0	
Total:			1:30	0:10	1:40	0	

FOOD ESTABLISHMENT PROFILE

Insp. Notification Email Sent Notification To _____ Lic. Insp. No
 Priority(P) Violations 0 Priority foundation(Pf) Violations 0
 Certified Manager on Staff .. Address Verified p Actual Sq. Ft. 0
 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) 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
Good Hygienic Practices	Y	N	O	A	C	R

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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 " " " " " |

Approved Source	Y N O A C R
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|--|-----------------------|
| 9. Food obtained from approved source. | p " " " " " |
| <i>This item has Notes. See Footnote 1 at end of questionnaire.</i> | |
| 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 " " " " " |
| <i>This item has Notes. See Footnote 2 at end of questionnaire.</i> | |
| 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 " " " " " |
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Highly Susceptible Populations	Y N O A C R
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| 24. Pasteurized foods used; prohibited foods not offered. | " " p " " " |
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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 " " |
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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. | " " p " " " |
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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.	..	..	p	..	..	..
<i>This item has Notes. See Footnote 3 at end of questionnaire.</i>						
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	..	..	..	..
<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. [No test strps provided.]</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	..	..	..	..
<i>Fail Notes</i> | 5-103.11(A) | <i>Pf - The water source and system shall be of sufficient capacity to meet the water demands of the FOOD ESTABLISHMENT. [There is no water available in the establishment due to a leak.]</i>						
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

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Physical Facilities	Y	N	O	A	C	R
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|---|---|----|----|----|----|----|
| 53. Physical facilities installed, maintained and clean. | p | .. | .. | .. | .. | .. |
| 54. Adequate ventilation and lighting; designated areas used. | p | .. | .. | .. | .. | .. |

Administrative/Other	Y	N	O	A	C	R
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| 55. Other violations | .. | p | .. | .. | .. | .. |
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<i>Fail Notes</i>	<p>8-404.11 <i>P - A LICENSEE shall immediately discontinue operations and notify the REGULATORY AUTHORITY if an IMMINENT HEALTH HAZARD may exist because of an emergency such as a fire, flood, extended interruption of electrical or water service, SEWAGE backup, misuse of POISONOUS OR TOXIC MATERIALS, onset of an apparent foodborne illness outbreak, gross insanitary occurrence or condition, or other circumstance that may endanger public health. A LICENSEE need not discontinue operations in an area of an establishment that is unaffected by the IMMINENT HEALTH HAZARD. [Establishment has no running water due to a water leak.]</i></p>
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EDUCATIONAL MATERIALS

The following educational materials were provided ..

KANSAS FOOD ESTABLISHMENT INSPECTION REPORT

Footnote 1

Notes:

Sam's Club
Sysco

Footnote 2

Notes:

Ambient of white RIC containing PHF's 39.6 F

Footnote 3

Notes:

American Exterminators

VOLUNTARY CLOSURE STATEMENT

Insp Date: 6/23/2015 **Business ID:** 107190fe
Business: HALEY'S LOUNGE

1114 N 7TH ST
 ATCHISON, KS 66002

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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 87000334 Inspection Report Date 06/23/15

Establishment Name HALEY'S LOUNGE

Physical Address 1114 N 7TH ST City ATCHISON
 Zip 66002

Additional Notes
 Reinspection is currently scheduled for when owner contacts inspector
 No running water in the establishment creating an imminent health hazard