

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

COMPLIANCE KEY: Y=in compliance; N=not in compliance; O=not observed; A=not applicable; C=corrected on-site during inspection; R=repeat violation.

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.

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

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.

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

Insp Date: 8/10/2010 **Business ID:** 107744FR
Business: KRISTY'S KAFE

 110 W MAIN
 ANTHONY, KS 67003

Inspection: 07000587
Store ID:
Phone: 6208423722
Inspector: KDA07
Reason: 01 Routine

Time In / Time Out

| Date | In | Out | Insp | Travel | Total | Mileage | Notes |
|----------|----------|----------|------|--------|-------|---------|-------|
| 08/10/10 | 11:00 AM | 12:30 PM | 1:30 | 0:30 | 2:00 | 0 | |
| Total: | | | 1:30 | 0:30 | 2:00 | 0 | |

Reference:

Time In: 11:00am
Travel Time: 30
Educational Material: No
Risk Control Plan: No
Voluntary Destruction: No
Embargo Release: No
Left Application:
Square Footage:

Time Out: 12:30pm
Risk Category:
Notice of Non-compliance: No
Voluntary Closure: No
Embargo Notification: No
License Approved:
CRITICAL VIOLATIONS: 3

| | |
|---------------------------------------|--------------|
| FOODBORNE ILLNESS RISK FACTORS | Notes |
|---------------------------------------|--------------|

| | |
|--|--------------|
| AND PUBLIC HEALTH INTERVENTIONS | Notes |
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KANSAS FOOD ESTABLISHMENT INSPECTION REPORT

| Demonstration of Knowledge | Y | N | O | A | C | R | Notes |
|---|----------|----------|----------|----------|----------|----------|--------------|
| 1. Certification by accredited program, compliance with Code, or correct responses. | X | | | | | | |

| Employee Health | Y | N | O | A | C | R | Notes |
|--|----------|----------|----------|----------|----------|----------|--------------|
| 2. Management awareness policy present. | X | | | | | | |
| 3. Proper use of reporting, restriction and exclusion. | X | | | | | | |

| Good Hygienic Practices | Y | N | O | A | C | R | Notes |
|---|----------|----------|----------|----------|----------|----------|--------------|
| 4. Proper eating, tasting, drinking, or tobacco use | X | | | | | | |
| 5. No discharge from eyes, nose and mouth. | X | | | | | | |

| Preventing Contamination by Hands | Y | N | O | A | C | R | Notes |
|--|----------|----------|----------|----------|----------|----------|--------------|
| 6. Hands clean and properly washed. | | | X | | | | |
| 7. No bare hand contact with RTE foods or approved alternate method properly followed. | X | | | | | | |
| 8. Adequate handwashing facilities supplied and accessible. | X | | | | | | |

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

| Protection from Contamination | Y | N | O | A | C | R | Notes |
|---|----------|----------|----------|----------|----------|----------|---|
| 13. Food separated and protected. | | X | | | X | | CRITICAL 3-302.11(A)(1)(a)* Separation-Raw & raw RTE |
| 14. Food-contact surfaces: cleaned and sanitized. | | X | | | X | | CRITICAL 4-601.11A* Food Contact Clean to Sight and Touch |
| 15. Proper disposition of returned, previously served, reconditioned and unsafe food. | X | | | | | | |

| Potentially Hazardous Food Time/Temperature | Y | N | O | A | C | R | Notes |
|--|----------|----------|----------|----------|----------|----------|--------------|
| 16. Proper cooking time and temperatures. | X | | | | | | |
| 17. Proper reheating procedures for hot holding. | X | | | | | | |
| 18. Proper cooling time and temperatures. | X | | | | | | |
| 19. Proper hot holding temperatures. | X | | | | | | |
| 20. Proper cold holding temperatures. | X | | | | | | |

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|---|--|---|--|---|---|--|---|
| 21. Proper date marking and disposition. | | X | | | X | | CRITICAL 3-501.17(A)(1)* RTE PHF, Date Marking-7 days (prepared in facility, held > 24 hours, 41°F) |
| 22. Time as a public health control: procedures and record. | | | | X | | | |

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

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

| Chemical | Y | N | O | A | C | R | Notes |
|--|----------|----------|----------|----------|----------|----------|--------------|
| 25. Food additives: approved and properly used. | | | X | | | | |
| 26. Toxic substances properly identified, stored and used. | X | | | | | | |

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

| GOOD RETAIL PRACTICES | Notes |
|------------------------------|--------------|
| | |

| Safe Food and Water | Y | N | O | A | C | R | Notes |
|---|----------|----------|----------|----------|----------|----------|--------------|
| 28. Pasteurized eggs used where required. | | | X | | | | |
| 29. Water and ice from approved source. | X | | | | | | |
| 30. Variance obtained for specialized processing methods. | | | | X | | | |

| Food Temperature Control | Y | N | O | A | C | R | Notes |
|---|----------|----------|----------|----------|----------|----------|--------------|
| 31. Proper cooling methods used | | | | | | | |
| adequate equipment for temperature control. | X | | | | | | |
| 32. Plant food properly cooked for hot holding. | X | | | | | | |
| 33. Approved thawing methods used. | X | | | | | | |
| 34. Thermometers provided and accurate. | X | | | | | | |

| Food Identification | Y | N | O | A | C | R | Notes |
|----------------------------|----------|----------|----------|----------|----------|----------|--------------|
| 35. Food properly labeled | | | | | | | |
| original container. | X | | | | | | |

| Prevention of Food Contamination | Y | N | O | A | C | R | Notes |
|--|----------|----------|----------|----------|----------|----------|--------------|
| 36. Insects, rodents and animals not present | | | | | | | |
| no unauthorized persons. | X | | | | | | |

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| | | | | | | | |
|---|---|---|---|--|--|--|--|
| 37. Contamination prevented during food preparation, storage and display. | | X | | | | | 3-305.11(A)(3) Food stored 6" above floor |
| 38. Personal cleanliness. | X | | | | | | |
| 39. Wiping cloths: properly used and stored. | | X | | | | | 3-304.14(B)(1) Wet wiping cloths stored in sanitizer |
| 40. Washing fruits and vegetables. | | | X | | | | |

| Proper Use of Utensils | Y | N | O | A | C | R | Notes |
|---|----------|----------|----------|----------|----------|----------|--------------|
| 41. In-use utensils: properly stored. | X | | | | | | |
| 42. Utensils, equipment and linens: properly stored, dried and handled. | X | | | | | | |
| 43. Single-use and single-service articles: properly used. | X | | | | | | |
| 44. Gloves used properly. | X | | | | | | |

| Utensils, Equipment and Vending | Y | N | O | A | C | R | Notes |
|---|----------|----------|----------|----------|----------|----------|--------------|
| 45a. Food and non-food contact surfaces cleanable, properly designed, constructed and used-Critical items | X | | | | | | |
| 45b. Food and non-food contact surfaces cleanable, properly designed, constructed and used-non-critical items | X | | | | | | |
| 46. Warewashing facilities: installed, maintained, and used | | | | | | | |
| test strips. | X | | | | | | |
| 47. Non-food contact surfaces clean. | X | | | | | | |

| Physical Facilities | Y | N | O | A | C | R | Notes |
|--|----------|----------|----------|----------|----------|----------|---|
| 48. Hot and cold water available | | | | | | | |
| adequate pressure. | X | | | | | | |
| 49. Plumbing installed | | | | | | | |
| proper backflow devices. | X | | | | | | |
| 50. Sewage and waste water properly disposed. | X | | | | | | |
| 51. Toilet facilities: properly constructed, supplied and cleaned. | X | | | | | | |
| 52. Garbage and refuse properly disposed | | | | | | | |
| facilities maintained. | X | | | | | | |
| 53. Physical facilities installed, maintained and clean. | | X | | | | | 6-501.11 Physical facilities maintained in good repair |
| 54. Adequate ventilation and lighting | | | | | | | |
| designated areas used. | X | | | | | | |

| Administrative/Other | Y | N | O | A | C | R | Notes |
|-----------------------------|----------|----------|----------|----------|----------|----------|--------------|
| 55. Other violations | X | | | | | | |

Result:No Follow-up

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KANSAS FOOD ESTABLISHMENT INSPECTION REPORT

Notes:

13. * Critical In walk in cooler raw bacon stored over ready to eat (RTE) pickles. COS-Corrected on site Bacon moved by owner.

14. * Can opener dirty COS-Washed by employee.

21. * In walk in cooler Establishment sliced Turkey expired 8/4/2010-COS-Owner destroyed VD. In Walk in cooler Establishment sliced roast beef Expired 8/6/2010 COS-Owner Destroyed VD.

37. NC-Not Critical Eggs stored in walk in cooler on floor, food in store room sitting on floor

39. NC-Towels stored in sanitizer >200ppm (Parts per million) COS-Water changed and checked 200ppm

53. NC-Ceiling between kitchen and backroom needs repaired.

Temperatures in Degree Fahrenheit (F) Make table pork sausage 40, Potatoes 38. Diced tomatoes 40, Sliced tomatoes 40, Roast beef 30, HAm 31, Lettuce 43, Walk in cooler (WIC) Lettuce 36, Tri Pasta 36, Cheese 24, Fettachene noodles 39, Spagetti 29, Tomatoes 29, Eggs 29, Sour Cream 28, salad bar Pepperoni pizza 140, Cotage Cheese 39, Diced Eggs 38, Potato salad 36.

Dish washer 100ppm, towel water 200ppm.

Questions please call Kansas Department of Agriculture at 785-296-5600.

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VOLUNTARY DESTRUCTION REPORT

I have this day voluntarily destroyed, or caused to be destroyed, the merchandise described below. Said merchandise found in my possession was unfit for human consumption, misbranded, or otherwise unlawful. Destruction and final disposition of said merchandise has been done in a manner approved by the above named Inspector, representative of the Kansas Department of Agriculture.

I hereby release the Kansas Department of Agriculture, and its members, agents, and representatives from any and all liability.

Insp Date: 8/10/2010 **Business ID:** 107744FR
Business: KRISTY'S KAFE

110 W MAIN
 ANTHONY, KS 67003

Inspection: 07000587
Store ID:
Phone: 6208423722
Inspector: KDA07
Reason: 01 Routine

Time In / Time Out

| Date | In | Out | Insp | Travel | Total | Mileage | Notes |
|----------|----------|----------|------|--------|-------|---------|-------|
| 08/10/10 | 11:00 AM | 12:30 PM | 1:30 | 0:30 | 2:00 | 0 | |
| Total: | | | 1:30 | 0:30 | 2:00 | 0 | |

Reference:

| PRODUCT | Y | Notes |
|----------------|---|--|
| PRODUCT 1 | X | VALUE: \$ 10 WEIGHT/AMT: 2 lbs DESCRIPTION:lunch meat |
| PRODUCT 2 | | |
| PRODUCT 3 | | |
| PRODUCT 4 | | |
| PRODUCT 5 | | |
| PRODUCT 6 | | |
| PRODUCT 7 | | |
| PRODUCT 8 | | |
| PRODUCT 9 | | |
| PRODUCT 10 | | |
| OTHER PRODUCTS | | |

| REASON | R | Notes |
|--------------------------|---|-----------------------------------|
| REASON PRODUCT DESTROYED | X | IMPROPER DATE MARKING DISPOSITION |

| METHOD | M | Notes |
|--------------------------|---|------------------|
| METHOD PRODUCT DESTROYED | X | GARBAGE DUMPSTER |

| LOCATION | L | Notes |
|--------------------------|---|---------|
| PRODUCT WAS DISPOSED OF: | X | KITCHEN |

| EMBARGO | Y | N | Notes |
|---------|---|---|-------|
| | | | |

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VOLUNTARY DESTRUCTION REPORT

| | | | |
|-------------------|--|---|--|
| PRODUCT EMBARGOED | | X | |
|-------------------|--|---|--|

Notes:

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