

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: 8/16/2010 **Business ID:** 97262FR
Business: HILLCREST LANES

 2400 N SUMMIT
 ARKANSAS CITY, KS 67005

Inspection: 07000599
Store ID:
Phone: 6204429610
Inspector: KDA07
Reason: 01 Routine

Reference:

Time In: 2:30pm
Travel Time: 1 minute
Educational Material: No
Risk Control Plan: No
Voluntary Destruction: No
Embargo Release: No
Left Application:
Square Footage:

Time Out: 3:45pm
Risk Category: 6
Notice of Non-compliance: No
Voluntary Closure: No
Embargo Notification: No
License Approved:
CRITICAL VIOLATIONS: 1

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

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|--|--------------|
| AND PUBLIC HEALTH INTERVENTIONS | Notes |
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| 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 | | | | | | | |

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| 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 | | | | | | |
| 14. Food-contact surfaces: cleaned and sanitized. | X | | | | | | |
| 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 | | | | | | |
| 21. Proper date marking and disposition. | | | X | | | | |
| 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 | | | | |

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|--|--|---|--|--|---|--|--|
| 26. Toxic substances properly identified, stored and used. | | X | | | X | | CRITICAL 7-202.12(A)(2)* Used per instructions/Approved for food establishments |
|--|--|---|--|--|---|--|--|

| 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 |
|-----------------------|-------|
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| 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 | | | | | | |
| 37. Contamination prevented during food preparation, storage and display. | X | | | | | | |
| 38. Personal cleanliness. | X | | | | | | |
| 39. Wiping cloths: properly used and stored. | | | X | | | | |
| 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 |
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|---|---|--|--|--|--|--|--|
| 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 | | | | | 5-203.13 Service sink available for cleaning of mops & disposal of liquid waste |
| 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 | | | | | 6-202.11() Protective shielding on light bulbs over exposed food/utensils/equipment |

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

Result:No Follow-up

Notes:

Establishment is not currently serving a full menu and all cooked foods are cooked from frozen.

26. * In kitchen drawer Combat Source Kill roach bait EPA#64240-2 2 boxes. COS-Corrected on site removed from establishment by owner.

49. NC-Not Critical Establishment does not have a mop service sink. Establishment has until 8/16/2011 to comply or get approval (Variance) for an alternate method of floor care. To apply for a variance write a letter to the Kansas Department

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of Agriculture Topeka office attention Adam Inman requesting the variance and detailing the process you are planning on using in place of the code required process (mop service sink)

53. Ceiling tiles missing in kitchen

54. Light covers missing in Kitchen.

Temperatures in Degree Fahrenheit (F) Refrigerator Tomatoes 43, Eggs 38, Sour cream 39, All other foods cooked from properly frozen.

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

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