

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: 1/4/2011 | Business ID: 110598FR | Inspection: 07000834 |
| Business: DRACONIS | | Store ID: |
| | | Phone: 3165187598 |
| 220 W 5TH | | Inspector: KDA07 |
| BELLE PLAINE, KS 67013 | | Reason: 01 Routine |

Reference:

| | |
|-----------------------------------|-------------------------------------|
| Time In: 8:55am | Time Out: 10:30am |
| Travel Time: 1 hour | Risk Category: 6 |
| Educational Material: Yes | Notice of Non-compliance: No |
| Risk Control Plan: No | Voluntary Closure: No |
| Voluntary Destruction: Yes | Embargo Notification: No |
| Embargo Release: No | License Approved: Yes |
| Left Application: | CRITICAL VIOLATIONS: 3 |
| Square Footage: | |

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

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

| 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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KANSAS FOOD ESTABLISHMENT INSPECTION REPORT

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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 | | | X | | CRITICAL 3-302.11(A)(1)(a)* Separation-Raw & raw RTE |
| 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 | | | X | | CRITICAL 3-501.18(A)* RTE PHF, Disposition-discard if >7days at 41°F CRITICAL 3-501.18(A)(2)* RTE PHF, Disposition-discard if in a container w/out a date |

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|---|--|--|--|---|--|--|--|
| 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 | | | | | 4-302.12 Food thermometers provided & accessible |
| Appropriate thermometer for measuring thin foods provided | | | | | | | |

| 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 | | | | | | |

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|--|---|--|---|--|--|--|--|
| 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 |
|---|----------|----------|----------|----------|----------|----------|--------------|
| 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 | | | | | | |
| 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

Notes:

13. * Critical Eggs stored over pinwheel wraps in refrigerator COS-Corrected on site Eggs moved to bottom shelf of refrigerator by owner. Education.

21. * In refrigerator Sliced ham not date marked COS-owner discarded in trash can VD. Education

21. * In refrigerator Quiche dated 12/15/2010 COS-Owner discarded VD Education

34. NC-Not Critical No thermometer for checking internal temperatures of thin or cold foods.

55. Note: Has not renewed license for 2011.

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Temperatures in degree Fahrenheit (F) Refrigerator Pinwheel wraps 40, Milk 37, Ham 41, Quiche 41. Chicken soup 168,
Educational Materials #8, #43.

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: 1/4/2011 **Business ID:** 110598FR
Business: DRACONIS

220 W 5TH
 BELLE PLAINE, KS 67013

Inspection: 07000834
Store ID:
Phone: 3165187598
Inspector: KDA07
Reason: 01 Routine

Reference:

| PRODUCT | Y | Notes |
|----------------|---|---|
| PRODUCT 1 | X | VALUE: \$ 5.00 WEIGHT/AMT:1 pound DESCRIPTION:sliced ham |
| PRODUCT 2 | X | VALUE: \$5.00 WEIGHT/AMT:2/3 pan DESCRIPTION:quiche |
| 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 CAN |

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

| EMBARGO | Y | N | Notes |
|-------------------|---|---|-------|
| PRODUCT EMBARGOED | | X | |

Notes:

 Inspector

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