

**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.**

<b>Insp Date:</b> 6/8/2010	<b>Business ID:</b> 12015921	<b>Inspection:</b> 12002613
<b>Business:</b> Cab Ice Cream LLC		<b>Store ID:</b>
320 Laramie Street		<b>Phone:</b> 913-367-5088
		<b>Inspector:</b> KDA12
Atchison, KS 66002		<b>Reason:</b> 10 Licensing

Time In / Time Out

Date	In	Out	Insp	Travel	Total	Mileage	Notes
06/08/10	11:30 AM	11:59 AM	0:29	0:10	0:39	0	
Total:			0:29	0:10	0:39	0	

**Reference:**

<b>Time In:</b> 11:30	<b>Time Out:</b> 12:20
<b>Travel Time:</b> 10 min	<b>Risk Category:</b> 1
<b>Educational Material:</b>	<b>Notice of Non-compliance:</b>
<b>Risk Control Plan:</b>	<b>Voluntary Closure:</b>
<b>Voluntary Destruction:</b>	<b>Embargo Notification:</b>
<b>Embargo Release:</b>	<b>License Approved:</b> Yes
<b>Left Application:</b> Yes	<b>CRITICAL VIOLATIONS:</b> 0
<b>Square Footage:</b>	

<b>FOODBORNE ILLNESS RISK FACTORS</b>	<b>Notes</b>
---------------------------------------	--------------

<b>AND PUBLIC HEALTH INTERVENTIONS</b>	<b>Notes</b>
--	--------------

\_\_\_\_\_  
Inspector

\_\_\_\_\_  
Acknowledged Receipt

## KANSAS FOOD ESTABLISHMENT INSPECTION REPORT

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

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

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

<b>Preventing Contamination by Hands</b>	<b>Y</b>	<b>N</b>	<b>O</b>	<b>A</b>	<b>C</b>	<b>R</b>	<b>Notes</b>
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			

<b>Approved Source</b>	<b>Y</b>	<b>N</b>	<b>O</b>	<b>A</b>	<b>C</b>	<b>R</b>	<b>Notes</b>
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			

<b>Protection from Contamination</b>	<b>Y</b>	<b>N</b>	<b>O</b>	<b>A</b>	<b>C</b>	<b>R</b>	<b>Notes</b>
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						

<b>Potentially Hazardous Food Time/Temperature</b>	<b>Y</b>	<b>N</b>	<b>O</b>	<b>A</b>	<b>C</b>	<b>R</b>	<b>Notes</b>
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			

<b>Consumer Advisory</b>	<b>Y</b>	<b>N</b>	<b>O</b>	<b>A</b>	<b>C</b>	<b>R</b>	<b>Notes</b>
23. Consumer advisory provided for raw or undercooked foods.				X			

<b>Highly Susceptible Populations</b>	<b>Y</b>	<b>N</b>	<b>O</b>	<b>A</b>	<b>C</b>	<b>R</b>	<b>Notes</b>
24. Pasteurized foods used							

\_\_\_\_\_  
Inspector

\_\_\_\_\_  
Acknowledged Receipt

## KANSAS FOOD ESTABLISHMENT INSPECTION REPORT

prohibited foods not offered.				X			
-------------------------------	--	--	--	---	--	--	--

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

<b>Conformance with Approved Procedures</b>	<b>Y</b>	<b>N</b>	<b>O</b>	<b>A</b>	<b>C</b>	<b>R</b>	<b>Notes</b>
27. Compliance with variance, specialized process and HACCP plan.				X			

<b>GOOD RETAIL PRACTICES</b>	<b>Notes</b>
------------------------------	--------------

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

<b>Food Temperature Control</b>	<b>Y</b>	<b>N</b>	<b>O</b>	<b>A</b>	<b>C</b>	<b>R</b>	<b>Notes</b>
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						

<b>Food Identification</b>	<b>Y</b>	<b>N</b>	<b>O</b>	<b>A</b>	<b>C</b>	<b>R</b>	<b>Notes</b>
35. Food properly labeled							
original container.	X						

<b>Prevention of Food Contamination</b>	<b>Y</b>	<b>N</b>	<b>O</b>	<b>A</b>	<b>C</b>	<b>R</b>	<b>Notes</b>
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			

<b>Proper Use of Utensils</b>	<b>Y</b>	<b>N</b>	<b>O</b>	<b>A</b>	<b>C</b>	<b>R</b>	<b>Notes</b>
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			

<b>Utensils, Equipment and Vending</b>	<b>Y</b>	<b>N</b>	<b>O</b>	<b>A</b>	<b>C</b>	<b>R</b>	<b>Notes</b>
--	----------	----------	----------	----------	----------	----------	--------------

Inspector \_\_\_\_\_

Acknowledged Receipt \_\_\_\_\_

## KANSAS FOOD ESTABLISHMENT INSPECTION REPORT

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						

<b>Physical Facilities</b>	<b>Y</b>	<b>N</b>	<b>O</b>	<b>A</b>	<b>C</b>	<b>R</b>	<b>Notes</b>
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						

<b>Administrative/Other</b>	<b>Y</b>	<b>N</b>	<b>O</b>	<b>A</b>	<b>C</b>	<b>R</b>	<b>Notes</b>
55. Other violations		X					8-304.11(A) Post the license in a location in the Food Establishment

**Result:**No Follow-up

**Notes:**

**55** This has changed from a ownership to a LLC, so no current license is available.

All frozen products were frozen and stored in a sanitary manner.

Approved for license upon payment of fees for two vehicles.

Previous license #'s were:108957 and 95436.

\_\_\_\_\_  
Inspector

\_\_\_\_\_  
Acknowledged Receipt