

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: 4/13/2010 **Business ID:** 104285FR
Business: COTTONWOOD ELEMENTARY

 1747 N ANDOVER RD
 ANDOVER, KS 67002

Inspection: 33000551
Store ID:
Phone: 3162184620
Inspector: KDA33
Reason: 01 Routine

Reference:

Time In: 11:30am
Travel Time: 10min
Educational Material: Yes
Risk Control Plan: No
Voluntary Destruction: Yes
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: 1

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							

 Inspector

 Acknowledged Receipt

KANSAS FOOD ESTABLISHMENT INSPECTION REPORT

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					CRITICAL 3-501.18(A)* RTE PHF, Disposition-discard if >7days at 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			

Inspector _____

Acknowledged Receipt _____

KANSAS FOOD ESTABLISHMENT INSPECTION REPORT

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					SWING 6-202.15(A)(3)* Outer openings protected-solid, self-closing doors
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						

Inspector

Acknowledged Receipt

KANSAS FOOD ESTABLISHMENT INSPECTION REPORT

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:

21. Critical(*) Walk in cooler(WIC), package of commercially prepared sliced ham dated 4/6, held over 7 days. Corrected on site(COS)-voluntary destruction.

36. Non-critical(NC) Exit door in kitchen, small gap along the bottom of the door that could allow for the entry of pests.

Temperatures:

Salad open air cooler: ambient air 42

McCall Reach in cooler: milk 41

WIC: sliced ham 40

Steam table: rice 168,cheese quesadillas 142

Milk cooler: 1% milk 37

Dishmachine 160

Handouts: 8

Inspector

Acknowledged Receipt

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: 4/13/2010 **Business ID:** 104285FR
Business: COTTONWOOD ELEMENTARY

1747 N ANDOVER RD
 ANDOVER, KS 67002

Inspection: 33000551
Store ID:
Phone: 3162184620
Inspector: KDA33
Reason: 01 Routine

Reference:

PRODUCT	Y	Notes
PRODUCT 1	X	VALUE: \$ 1.00 WEIGHT/AMT: 3 slices DESCRIPTION:sliced ham
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 CAN

LOCATION	L	Notes
PRODUCT WAS DISPOSED OF:	X	KITCHEN

EMBARGO	Y	N	Notes
PRODUCT EMBARGOED			

Notes:

 Inspector

 Acknowledged Receipt