

**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:** 4/27/2010      **Business ID:** 104558FR  
**Business:** MOUNTAIN MUDD ESPRESSO  
 MU 1092  
 203 W CENTRAL  
 ANDOVER, KS 67002

**Inspection:** 33000579  
**Store ID:**  
**Phone:** 3162508891  
**Inspector:** KDA33  
**Reason:** 01 Routine

**Reference:**

**Time In:** 11:55am  
**Travel Time:** 5min  
**Educational Material:** No  
**Risk Control Plan:** No  
**Voluntary Destruction:** No  
**Embargo Release:** No  
**Left Application:**  
**Square Footage:**

**Time Out:** 12:40pm  
**Risk Category:** RAC# 02 Low Risk  
**Notice of Non-compliance:** Yes  
**Voluntary Closure:** Yes  
**Embargo Notification:** No  
**License Approved:**  
**CRITICAL VIOLATIONS:** 1

<b>FOODBORNE ILLNESS RISK FACTORS</b>	<b>Notes</b>
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<b>AND PUBLIC HEALTH INTERVENTIONS</b>	<b>Notes</b>
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<b>Demonstration of Knowledge</b>	Y	N	O	A	C	R	Notes
1. Certification by accredited program, compliance with Code, or correct responses.	X						

<b>Employee Health</b>	Y	N	O	A	C	R	Notes
2. Management awareness							

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 Inspector

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## KANSAS FOOD ESTABLISHMENT INSPECTION REPORT

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 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						

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## KANSAS FOOD ESTABLISHMENT INSPECTION REPORT

<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>
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<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>
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							

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## KANSAS FOOD ESTABLISHMENT INSPECTION REPORT

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					CRITICAL 5-103.11(B)* Hot water capacity
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						

**Result:**Follow-up

**Notes:**

**48. CRITICAL(\*) No hot water for handsink or 3-compartment warewash sink. Water heater inoperable.**

Reach in cooler: milk 39 degrees Fahrenheit

Note: Spoke with Angela Kohls during inspection to notify her of Voluntary Closure.

**Issued Notice of Non Compliance and Voluntary Closure. Establishment may not re-open until reinspection has verified adequate hot water availability.**

**Establishment closed. Owner is to notify inspector when repairs are complete.**

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Inspector

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## NOTICE OF NON-COMPLIANCE WITH KANSAS LAW

This is to notify you that violations of the Kansas food safety laws\* were observed during an inspection conducted at the above establishment and documented on the inspection report attached hereto. **REINSPECTION OF YOUR ESTABLISHMENT WILL BE MADE TO DETERMINE IF THE VIOLATIONS INDICATED ON THE INSPECTION REPORT HAVE BEEN CORRECTED. REINSPECTION WILL OCCUR ON OR SHORTLY AFTER THE DATE SPECIFIED BELOW.**

**Food Service Establishments and Retail Food Stores.** The Kansas Food Code, Section 8-405.11(B) as adopted and amended by K.A.R. 4-28-8 through 16, requires that all critical violations shall be corrected no later than 10 days after this inspection and all noncritical violations shall be corrected no later than 90 days after this inspection.

**Food Processing Plants and Food Warehouses.** Violations must be corrected by the date specified below.

Failure to comply with the Kansas food safety laws and its regulations may result in embargo of non-compliant products; immediate closure of your establishment; civil penalties of up to \$1,000.00 per violation; denial of license renewal, modification, suspension and/or revocation of any license or authority issued pursuant to the Kansas food safety laws; and/or any other penalty authorized by law. Pursuant to K.S.A. 36-508, licensees issued authority under the Kansas Food Service and Lodging Act may apply to the secretary for an extension of the time prescribed above.

\* The Kansas food safety laws include K.S.A. 74-581 et seq.; the Kansas Food, Drug and Cosmetic Act, K.S.A. 65-619 et seq.; the Kansas Food Service and Lodging Act, K.S.A. 36-501 et seq.;, and regulations promulgated pursuant thereto and grants the Kansas Department of Agriculture the authority to regulate: food service establishments; retail food stores; mobile retail ice cream vendors; food vending machines; food vending machine companies and dealers; and food processing plants;

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<b>FOLLOW UP</b>	<b>Y</b>	<b>N</b>	<b>Notes</b>
Follow up scheduled	X		Date:Call for reinspection

<b>ATTACHMENTS</b>	<b>Y</b>	<b>N</b>	<b>A</b>	<b>Notes</b>
Inspection Report	X			Restaurant Inspection Report- Date04/27/10

**Notes:**

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Inspector

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## VOLUNTARY CLOSURE STATEMENT

BECAUSE OF DEFICIENCIES NOTED ON THE ATTACHED KANSAS DEPARTMENT OF AGRICULTURE INSPECTION REPORT, I VOLUNTARILY AGREE TO CLOSE THIS ESTABLISHMENT AND CEASE OPERATION UNTIL NEEDED CORRECTIONS HAVE BEEN COMPLETED. I AGREE NOT TO REOPEN THIS ESTABLISHMENT PRIOR TO RE-INSPECTION BY THE FOOD, DRUG, AND LODGING SURVEYOR.

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REINSPECTION	D	Notes
RE INSPECTION IS CURRENTLY SCHEDULED FOR:	X	Call for reinspection

**Notes:**

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Inspector

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