

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: 3/22/2010 **Business ID:** 108338FR
Business: FEASTER'S BISTRO

 519 AMES
 BALDWIN CITY, KS 66006

Inspection: 66000972
Store ID:
Phone: 7855940519
Inspector: KDA66
Reason: 03 Complaint

Reference:

Time In: 2:45pm
Travel Time: 30
Educational Material:
Risk Control Plan:
Voluntary Destruction:
Embargo Release:
Left Application:
Square Footage:

Time Out: 4pm
Risk Category:
Notice of Non-compliance: No
Voluntary Closure:
Embargo Notification:
License Approved:
CRITICAL VIOLATIONS: 3

| | |
|---------------------------------------|--------------|
| 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 | | | X | | 5-205.11(A) Handsink Accessible |

| 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 | | | X | | CRITICAL 3-101.11* Safe, Unadulterated, & Honestly Presented |
| 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 | | | | | | |

Inspector

Acknowledged Receipt

KANSAS FOOD ESTABLISHMENT INSPECTION REPORT

| | | | | | | | | |
|---|--------------|----------|----------|----------|----------|----------|--------------|---|
| 21. Proper date marking and disposition. | | X | | | | | | CRITICAL 3-501.17(A)(1)* RTE PHF, Date Marking-7 days (prepared in facility, held > 24 hours, 41°F) CRITICAL 3-501.17(B)* RTE PHF, Date Marking-7 days (commercially prepared, opened, 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 | | | | | |
| 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 | | | | X | | CRITICAL 7-201.11(B)* Separation, Storage-chemicals above food, etc. |
| 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 | | | | | | | |

Inspector _____

Acknowledged Receipt _____

KANSAS FOOD ESTABLISHMENT INSPECTION REPORT

| | | | | | | | |
|---|--|---|---|--|--|---|---|
| 32. Plant food properly cooked for hot holding. | | | X | | | | |
| 33. Approved thawing methods used. | | X | | | | X | 3-501.13 Proper thawing methods used for PHF |
| 34. Thermometers provided and accurate. | | X | | | | | 4-204.112(A) Thermometers located in refrigerators/hot holding units to measure ambient air in warmest/coolest areas of units |

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

Inspector _____

Acknowledged Receipt _____

KANSAS FOOD ESTABLISHMENT INSPECTION REPORT

| | | | | | | | |
|--|---|--|--|--|--|--|--|
| 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:

broth 167/hot hold
 milk 42/refrig
 turkey 40, ham 40, noodles 42, pasta salad 39, potatoe salad 39/mt
 temps in fahrenheit

* indicates a critical violation; cos` = corrected on site

8 Kitchen hand sink is blocked by wipe bucket and burger thawing in the basin.

11 * **Johnny Walker scotch and Jim Beam whiskey bottles have fruit flies inside. cos by discarding the contaminated liquors. Chicken melange is soured. cos by discarding.**

21 * **Cooked noodles, pasta and potatoe salad, cooked ground beef, turkey, were cooked last weekend according to the PIC and have no date marks. cos by writing the correct date mark on each food package.**

26 * **An ant bait trap is on the food prep counter. Sanitizer is stored over the coffee machine. cos by placing all non food chemicals below foods.**

33 Tube of hamburger is thawing at room temp (75) in the hand sink.

 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: 3/22/2010 **Business ID:** 108338FR
Business: FEASTER'S BISTRO

519 AMES
 BALDWIN CITY, KS 66006

Inspection: 66000972
Store ID:
Phone: 7855940519
Inspector: KDA66
Reason: 03 Complaint

Reference:

| PRODUCT | Y | Notes |
|----------------|---|--|
| PRODUCT 1 | X | VALUE: \$15 WEIGHT/AMT: 750 ml DESCRIPTION: Johnny Walker Red |
| PRODUCT 2 | X | VALUE: \$10 WEIGHT/AMT:500 ml DESCRIPTION: Jim Beam whiskey |
| PRODUCT 3 | X | VALUE: \$3 WEIGHT/AMT:6 oz DESCRIPTION:chicken melange |
| PRODUCT 4 | | |
| PRODUCT 5 | | |
| PRODUCT 6 | | |
| PRODUCT 7 | | |
| PRODUCT 8 | | |
| PRODUCT 9 | | |
| PRODUCT 10 | | |
| OTHER PRODUCTS | | |

| REASON | R | Notes |
|--------------------------|---|--------------|
| REASON PRODUCT DESTROYED | X | ADULTERATION |

| METHOD | M | Notes |
|--------------------------|---|------------------|
| METHOD PRODUCT DESTROYED | X | GARBAGE DISPOSAL |

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

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

Notes:

 Inspector

 Acknowledged Receipt