

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: 8/11/2010 **Business ID:** 100620FR
Business: SUBWAY #40539-229

 810 AMES
 BALDWIN, KS 66006

Inspection: 66001227
Store ID:
Phone:
Inspector: KDA66
Reason: 07 Disaster

Reference:

Time In: 4:15pm
Travel Time: 75
Educational Material: No
Risk Control Plan:
Voluntary Destruction: Yes
Embargo Release:
Left Application:
Square Footage:

Time Out: 5:15pm
Risk Category: 4
Notice of Non-compliance: No
Voluntary Closure: Yes
Embargo Notification:
License Approved:
CRITICAL VIOLATIONS: 0

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.							

Employee Health	Y	N	O	A	C	R	Notes
2. Management awareness							

 Inspector

 Acknowledged Receipt

KANSAS FOOD ESTABLISHMENT INSPECTION REPORT

policy present.							
3. Proper use of reporting, restriction and exclusion.							

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

Preventing Contamination by Hands	Y	N	O	A	C	R	Notes
6. Hands clean and properly washed.							
7. No bare hand contact with RTE foods or approved alternate method properly followed.							
8. Adequate handwashing facilities supplied and accessible.							

Approved Source	Y	N	O	A	C	R	Notes
9. Food obtained from approved source.							
10. Food received at proper temperature.							
11. Food in good condition, safe and unadulterated.							
12. Required records available: shellstock tags, parasite destruction.							

Protection from Contamination	Y	N	O	A	C	R	Notes
13. Food separated and protected.							
14. Food-contact surfaces: cleaned and sanitized.							
15. Proper disposition of returned, previously served, reconditioned and unsafe food.							

Potentially Hazardous Food Time/Temperature	Y	N	O	A	C	R	Notes
16. Proper cooking time and temperatures.							
17. Proper reheating procedures for hot holding.							
18. Proper cooling time and temperatures.							
19. Proper hot holding temperatures.							
20. Proper cold holding temperatures.							
21. Proper date marking and disposition.							
22. Time as a public health control: procedures and record.							

Consumer Advisory	Y	N	O	A	C	R	Notes
23. Consumer advisory provided for raw or undercooked foods.							

Highly Susceptible Populations	Y	N	O	A	C	R	Notes
24. Pasteurized foods used prohibited foods not offered.							

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

Inspector

Acknowledged Receipt

KANSAS FOOD ESTABLISHMENT INSPECTION REPORT

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

GOOD RETAIL PRACTICES	Notes
------------------------------	--------------

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

Food Temperature Control	Y	N	O	A	C	R	Notes
31. Proper cooling methods used adequate equipment for temperature control.							
32. Plant food properly cooked for hot holding.							
33. Approved thawing methods used.							
34. Thermometers provided and accurate.							

Food Identification	Y	N	O	A	C	R	Notes
35. Food properly labeled original container.							

Prevention of Food Contamination	Y	N	O	A	C	R	Notes
36. Insects, rodents and animals not present no unauthorized persons.							
37. Contamination prevented during food preparation, storage and display.							
38. Personal cleanliness.							
39. Wiping cloths: properly used and stored.							
40. Washing fruits and vegetables.							

Proper Use of Utensils	Y	N	O	A	C	R	Notes
41. In-use utensils: properly stored.							
42. Utensils, equipment and linens: properly stored, dried and handled.							
43. Single-use and single-service articles: properly used.							
44. Gloves used properly.							

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							
45b. Food and non-food contact surfaces cleanable, properly designed, constructed and used-non-critical items							
46. Warewashing facilities: installed, maintained, and used							

Inspector _____

Acknowledged Receipt _____

KANSAS FOOD ESTABLISHMENT INSPECTION REPORT

test strips.							
47. Non-food contact surfaces clean.							

Physical Facilities	Y	N	O	A	C	R	Notes
48. Hot and cold water available adequate pressure.							
49. Plumbing installed proper backflow devices.							
50. Sewage and waste water properly disposed.							
51. Toilet facilities: properly constructed, supplied and cleaned.							
52. Garbage and refuse properly disposed facilities maintained.							
53. Physical facilities installed, maintained and clean.							
54. Adequate ventilation and lighting designated areas used.							

Administrative/Other	Y	N	O	A	C	R	Notes
55. Other violations							

Result:Follow-up

Notes:

Disaster call from Topeka.
 Smoke from the air conditioning compressor over the freezer in the kitchen.
 Smoke contamination, no actual burn/fire damage.
 Fire chief reported the smoke density as moderate.
 Alcohol swabs showed positive for smoke residue as a dark stain.
 All open, unprotected foods were voluntarily discarded (see VD).
 Facility committed to remaining voluntarily closed for cleanup until tomorrow morning.
 All exposed utensils and equipment is to be washed, rinsed, and sanitized.
 Re-opening inspection is scheduled for 8-12-10 at ~ 7am.

 Inspector

 Acknowledged Receipt

DISASTER REPORT FORM

Insp Date: 8/11/2010 **Business ID:** 100620FR
Business: SUBWAY #40539-229

810 AMES
BALDWIN, KS 66006

Inspection: 66001227
Store ID:
Phone:
Inspector: KDA66
Reason: 07 Disaster

Reference:

TIME	T	Notes
TIME INVESTIGATION BEGAN	X	4:15pm
TOTAL INVESTIGATION TIME	X	1 hour

DISASTER INFORMATION	I	Notes
TYPE	X	smoke
OCCURRENCE DATE	X	8-11-10
OCCURRENCE TIME	X	~ 2:45pm
LOCATION OF DISASTER	X	810 Ames, Baldwin City, KS. 66006
NAMES AND NUMBERS OF CONTACT INDIVIDUALS AT THE SCENE	X	SEE NOTES
REMARKS	X	SEE NOTES

ESTABLISHMENT INFORMATION	I	A	Notes
TYPE	X		LICENSED ESTABLISHMENT (SEE HEADER)

CARRIER INFORMATION	I	A	Notes
TRUCK DRIVERS NAME			
DRIVERS DOB			
DRIVER'S LICENSE #			
NAME OF CARRIER			
TRAILER #			
TRAILER LICENSE PLATE #			
TRACTOR #			
TRACTOR LICENSE PLATE #			
NUMBER OF SEALS USED TO SEAL TRAILER			
SEAL #			

PRODUCT INFORMATION	I	Notes
PRODUCT INVOLVED	X	Food
PRODUCT \$ VALUE	X	
PRODUCT WEIGHT/AMT		
CONDITION OF PRODUCT		

Inspector

Acknowledged Receipt

DISASTER REPORT FORM

OWNER OF PRODUCT		
------------------	--	--

ACTION TAKEN	Y	N	Notes
VOLUNTARY DESTRUCTION	X		
EMBARGO		X	
PRODUCT NOT DETAINED			
PHOTOS TAKEN		X	

Notes:

Allen Craig Baldwin City Fire Chief 785 979 6822
Shauncee Alumbaugh PIC

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: 8/11/2010 **Business ID:** 100620FR
Business: SUBWAY #40539-229

810 AMES
 BALDWIN, KS 66006

Inspection: 66001227
Store ID:
Phone:
Inspector: KDA66
Reason: 07 Disaster

Reference:

PRODUCT	Y	Notes
PRODUCT 1	X	VALUE: \$100 WEIGHT/AMT:116 loaves DESCRIPTION:bread
PRODUCT 2	X	VALUE: \$10 WEIGHT/AMT:1/2 gal DESCRIPTION:meat balls
PRODUCT 3	X	VALUE: \$10 WEIGHT/AMT: 50 lbs DESCRIPTION:onions
PRODUCT 4	X	VALUE: \$20 WEIGHT/AMT:30 each DESCRIPTION:breadsticks
PRODUCT 5	X	VALUE: \$5 WEIGHT/AMT:9 ea DESCRIPTION:flatbread
PRODUCT 6		
PRODUCT 7		
PRODUCT 8		
PRODUCT 9		
PRODUCT 10		
OTHER PRODUCTS		

REASON	R	Notes
REASON PRODUCT DESTROYED	X	smoke contamination

METHOD	M	Notes
METHOD PRODUCT DESTROYED	X	GARBAGE DISPOSAL

LOCATION	L	Notes
PRODUCT WAS DISPOSED OF:	X	LANDFILL

EMBARGO	Y	N	Notes
PRODUCT EMBARGOED		X	

 Inspector

 Acknowledged Receipt

VOLUNTARY DESTRUCTION REPORT

Notes:

Inspector

Acknowledged Receipt

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.

Insp Date: 8/11/2010 **Business ID:** 100620FR
Business: SUBWAY #40539-229

810 AMES
BALDWIN, KS 66006

Inspection: 66001227
Store ID:
Phone:
Inspector: KDA66
Reason: 07 Disaster

Reference:

REINSPECTION	D	Notes
RE INSPECTION IS CURRENTLY SCHEDULED FOR:	X	8-12-10

Notes:

Inspector

Acknowledged Receipt