

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: 10/26/2011 **Business ID:** 96610FR
Business: OZZIE B PIZZA

 321 MAIN ST
 ANDALE, KS 67001

Inspection: W3001597
Store ID:
Phone: 3164442525
Inspector: SG23
Reason: 01 Routine

Time In / Time Out

Date	In	Out	Insp	Travel	Total	Mileage	Notes
10/26/11	12:30 PM	01:30 PM	1:00	0:10	1:10	0	
Total:			1:00	0:10	1:10	0	

Reference:

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

Time Out:
Risk Category: RAC# 06 High Risk
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
--	--------------

 Inspector

 Acknowledged Receipt

KANSAS FOOD ESTABLISHMENT INSPECTION REPORT

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 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

Inspector

Acknowledged Receipt

KANSAS FOOD ESTABLISHMENT INSPECTION REPORT

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						

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						
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						

Inspector _____

Acknowledged Receipt _____

KANSAS FOOD ESTABLISHMENT INSPECTION REPORT

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						
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:

ABBREVIATIONS

Critical (*); Non Critical Violation (NC); Corrected On Site (COS); Cold Hold (CH);Walk In Cooler (WIC); Person In Charge (PIC); Walk In Freezer (WIF); Steam Table (ST);Potentially Hazardous Food (PHF); Hot Hold (HH); Ready To Eat (RTE); Make Table (MT);Reach In Cooler (RIC); Voluntary Closure (VC); Bare Hand Contact (BHC); Chlorine (Cl);Parts Per Million (PPM); Voluntary Destruction (VD); Risk Control Plan (RCP); Reach In Freezer (RIF); Degrees Fahrenheit (F); Quaternary Compounds (QT); Notice of Non Compliance (NONC); Hot Box (HB)

VIOLATIONS

21* According to date mark on package roastbeef opened on 10/07/11. Held for more then the allowed time after opening. COS VD

TEMP (F)

MT1/ roastbeef 38, egg 39 RIC1/ potato salad 41 MT2/ chicken 39, ham 38, sausage 39 RIC2/ groundbeef 43, refried beans 42, ambient air 39

Inspector

Acknowledged Receipt

KANSAS FOOD ESTABLISHMENT INSPECTION REPORT

RIC3/ ham 38, ambient air 41 Saladbar/ cottage cheese 34, tomatoes 33, egg 37 buffet/ sausage pizza 133, vegetable pizza 146

WIC/ ham 38, roastbeef 38, ambient air 37

SANITIZING

Mech dishwasher 100 ppm CL

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: 10/26/2011 **Business ID:** 96610FR
Business: OZZIE B PIZZA

Inspection: W3001597
Store ID:
Phone: 3164442525
Inspector: SG23
Reason: 01 Routine

321 MAIN ST
 ANDALE, KS 67001

Time In / Time Out

Date	In	Out	Insp	Travel	Total	Mileage	Notes
10/26/11	12:30 PM	01:30 PM	1:00	0:10	1:10	0	
Total:			1:00	0:10	1:10	0	

Reference:

PRODUCT	Y	Notes
PRODUCT 1	X	1/2 LB ROASTBEEF
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		X	

 Inspector

 Acknowledged Receipt

VOLUNTARY DESTRUCTION REPORT

Notes:

Inspector

Acknowledged Receipt