Outbreak of Gastroenteritis Among Attendees of a University Sorority Father-Daughter Lunch – Douglas County, Kansas, October, 2007*

Kansas Department of Health and Environment
Office of Surveillance and Epidemiology

www.kdheks.gov

Outbreak Investigators
Lawrence-Douglas County Health Department:
Kim Ens

Kansas Department of Health and Environment:
Leah Lambart
D. Charles Hunt
Jennifer Schwartz
Cheryl Bañez Ocfemia

Reported By
Leah Lambart

*Note to readers: This report was amended and republished on January 14, 2008 to include additional laboratory results and interpretation that were not available at the time of the original publication.

Introduction
On September 24, 2007, a member of the Lawrence-Douglas County Health Department (LDCHD) notified the Kansas Department of Health and Environment (KDHE) of illness among members of Pi Beta Phi sorority and their fathers following a father daughter lunch on September 22, 2007. Approximately 41 (26%) of the daughters and 30 (35%) of the fathers were reported ill with predominant symptoms of vomiting and diarrhea.

Staff at the KDHE and the LDCHD initiated an outbreak investigation to determine the source and etiologic agent of illness and implement appropriate control and prevention measures.

Background

Pi Beta Phi Sorority hosted a father-daughter lunch on Saturday, September 22, 2007 for members and their fathers. A few mothers also participated in the event. The lunch was held at Abe and Jake’s Landing in Lawrence, KS and was catered by Vermont Street BBQ from Lawrence, KS. The group of sorority members ranged in age from 18 to 22. The parents ranged in age from 34 to 69. The lunch was at noon on Saturday.
Methods

Epidemiologic Investigation
A retrospective cohort study was conducted. A list of all who participated in the event along with contact information and a menu of items served was obtained from the sorority and Vermont Street BBQ, respectively. A survey was developed to collect information about foods eaten at the lunch and illness history. The survey was distributed via email to the sorority members who passed the survey along to their fathers. The survey was World Wide Web-based. For the complete survey, see Appendix A.

Inspectors from the KDHE Bureau of Consumer Health distributed a work and food history survey to workers at Abe and Jake’s Landing and Vermont Street BBQ. All employees, both people who had become ill and those who did not, were asked to complete the work and food history survey.

Cases were defined as people who became ill from September 23 through 25 and had symptoms of vomiting or diarrhea.

Laboratory and Clinical Investigation
Staff from LDCHD contacted people who had been ill after the event and asked them to submit a stool specimen. Three specimens from three individuals were submitted to the Kansas Department of Health and Environment Laboratories (KDHEL). Two specimens were then forwarded on to the Minnesota Department of Health Public Health Laboratory, which is the regional laboratory for the KDHEL.

Environmental Investigation
On September 24, investigators from the KDHE Bureau of Consumer Health investigated the Pi Beta Phi sorority. On September 25, investigators from the KDHE inspected Abe and Jake’s Landing and Vermont Street BBQ.

Results

Epidemiological Investigation
From a combination of the line list and surveys returned, the investigators determined that 157 sorority members and 90 parents attended the lunch. Questionnaires were completed by 67 (43%) of the sorority members and 49 (58%) of the parents.

From the two restaurants, investigators received 23 food worker surveys. Three workers reported becoming ill from September 23 to 25 and met the case definition. Due to the difference in survey questions, and lack of complete information, the food worker responses were removed from the majority of the analysis.

Table 1 shows the characteristics of the 116 parents and sorority members who filled out the survey only. One hundred thirty-one people who did not fill out the survey are not included in the table.
Table 1. Characteristics of Cases (Sorority Members and Parents Only)

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>Surveys Completed</th>
<th>Percent participating in survey</th>
<th>Cases from survey</th>
<th>Percent (%) ill among those completing the survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>87</td>
<td>46</td>
<td>52.9</td>
<td>25</td>
<td>54.4</td>
</tr>
<tr>
<td>Female</td>
<td>160</td>
<td>70</td>
<td>43.8</td>
<td>39</td>
<td>55.7</td>
</tr>
<tr>
<td>Parents</td>
<td>90</td>
<td>49</td>
<td>54.4</td>
<td>26</td>
<td>53.1</td>
</tr>
<tr>
<td>Sorority Members</td>
<td>157</td>
<td>67</td>
<td>42.7</td>
<td>38</td>
<td>56.7</td>
</tr>
<tr>
<td>Medial Age (years)</td>
<td>n/a</td>
<td>21</td>
<td>n/a</td>
<td>20</td>
<td>n/a</td>
</tr>
<tr>
<td>Age Range (years)</td>
<td>n/a</td>
<td>(18, 69)</td>
<td>n/a</td>
<td>(18, 69)</td>
<td>n/a</td>
</tr>
</tbody>
</table>

Figure 1 is an epidemiologic curve showing the number of cases and their onset of symptoms, of those who completed the survey. The most common date of onset was September 23, 2007. Of the people who became ill, 33% (n=20) became ill between 6:00 pm and midnight on September 23, 2007. The median incubation period was 34.5 hours with a range of 12-60. The overall median duration of illness, of the 46 people who had completed the survey and were not still at the time of the survey, was 39 hours with a range of seven to 73.5 hours.

Table 2 shows the numbers and percentages of symptoms reported among sorority members and parents who were ill and completed surveys. The most common symptoms were nausea, stomach cramps and vomiting.
Table 2. Symptoms Reported by Cases (ill sorority members and ill parents) who completed the survey only

<table>
<thead>
<tr>
<th>Symptom</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nausea</td>
<td>62</td>
<td>92.5</td>
</tr>
<tr>
<td>Vomiting</td>
<td>51</td>
<td>76.1</td>
</tr>
<tr>
<td>Stomach Cramps</td>
<td>57</td>
<td>85.1</td>
</tr>
<tr>
<td>Diarrhea</td>
<td>46</td>
<td>68.7</td>
</tr>
<tr>
<td>Bloody Diarrhea</td>
<td>2</td>
<td>3.0</td>
</tr>
<tr>
<td>Dizziness</td>
<td>34</td>
<td>50.8</td>
</tr>
<tr>
<td>Fever</td>
<td>25</td>
<td>37.3</td>
</tr>
</tbody>
</table>

Table 3 shows the odds ratio (OR) and 95% confidence interval (CI) associated with each food item served at the father daughter lunch. The odds ratio is defined as the odds of developing illness among those exposed (ate food item) divided by the odds of developing illness among those not exposed (did not eat food item). If the OR is greater than one and the 95% CI does not contain one, the results are significant. Sausage had the highest odds ratio at 4.4 with a significant 95% CI, meaning the odds of getting sick after eating sausage were four times higher than the odds of not eating sausage and getting sick. Since the 95% CI does not contain one, the results are significant. No other foods were significantly associated with becoming ill after the lunch.

Table 3. Odds Ratio Associated with Food

<table>
<thead>
<tr>
<th>Item</th>
<th>Odds Ratio</th>
<th>95% Confidence Interval</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sausage*</td>
<td>4.4</td>
<td>1.9, 10.5</td>
</tr>
<tr>
<td>Corn Bread</td>
<td>1.5</td>
<td>0.7, 3.4</td>
</tr>
<tr>
<td>Potato Salad</td>
<td>1.4</td>
<td>0.6, 3.2</td>
</tr>
<tr>
<td>Turkey</td>
<td>1.4</td>
<td>0.6, 3.3</td>
</tr>
<tr>
<td>Pulled Pork</td>
<td>1.2</td>
<td>0.5, 2.6</td>
</tr>
<tr>
<td>Bread</td>
<td>0.9</td>
<td>0.4, 2.1</td>
</tr>
<tr>
<td>Pickles</td>
<td>0.7</td>
<td>0.3, 1.5</td>
</tr>
<tr>
<td>Baked Beans</td>
<td>0.6</td>
<td>0.2, 1.5</td>
</tr>
<tr>
<td>Ribs</td>
<td>0.5</td>
<td>0.2, 1.2</td>
</tr>
<tr>
<td>BBQ Sauce</td>
<td>0.4</td>
<td>0.1, 2.0</td>
</tr>
</tbody>
</table>

*Statistically significant association

**Laboratory and Clinical Investigation**

All three stool specimens tested negative for Salmonella, E. coli, Shigella and Campylobacter bacteria. One of the specimens was not tested for norovirus before it was discarded. Two of the specimens tested negative for norovirus at KDHEL and were forwarded on to the Minnesota Department of Health Public Health Laboratory. Further testing done at the Minnesota laboratory showed one of the specimens was negative for norovirus and adenovirus. The other sample was positive for genogroup A-2.b norovirus and genogroup AdV41 adenovirus, for which the KDHE laboratory did not test.
Environmental Investigation
During the investigation at Vermont Street BBQ, two critical violations were found. The critical violations did not involve procedures that contributed to the outbreak. The first violation involved water under pressure / fixtures at a hand washing sink. The second violation had to do with how toxic items were labeled or used. During the investigation of Abe and Jake’s Landing and the sorority house, no critical violations were observed. All three food inspection reports are attached.

Conclusion
The etiologic agent of this outbreak is unknown. The agent could have been norovirus, adenovirus or a combination of both, as was implicated in one specimen, to cause an outbreak of what appears to be a viral gastroenteritis. The outbreak appears to be common source since all individuals got sick within 12-60 hours of the father-daughter lunch. The implicated food item was sausage, suggesting contamination during food preparation or handling. Among the parents and sorority members who took the survey, the attack rate was 55%. Among the workers who filled out a work and food history, the attack rate was 13%.

In the United States, noroviruses are the leading cause of gastroenteritis; an estimated 23 million people are infected with Norovirus every year. Onset of diarrhea and vomiting are common 12-48 hours after infection, and may last from 12 to 60 hours. Vomiting is more prevalent in children than adults. The primary route of transmission is through the fecal-oral route. Norovirus particles may be spread through direct contact or through consuming fecally-contaminated food or water. Results from outbreak investigations have also suggested that aerosolized vomitus can spread noroviruses. Because Noroviruses are highly contagious, requiring less than 100 organisms for infection, transmission may occur via hand-to-mouth activities following the handling of materials, fomites, and environmental surfaces contaminated with feces or vomitus.

Adenoviruses most commonly cause respiratory illness; however, 51 serotypes have been identified, and depending on the infecting serotype, they may also cause various other illnesses, such as gastroenteritis. Some types are capable of causing asymptomatic infections and shedding for months or years in hosts. Other types cause sporadic infection and occasional outbreaks. Enteric adenoviruses 40 and 41, which was identified in a stool specimen from one case in this outbreak, cause gastroenteritis, usually in children. Adenovirus particles are spread by direct contact, through the fecal-oral route and occasionally waterborne. Control of adenovirus outbreaks can be challenging because these viruses can be shed in both respiratory secretions and feces and can persist for weeks on environmental surfaces.

Limitations
The limitations of this study include potential sample bias and small sample size. The investigators relied on parents and sorority members to complete the survey and give stool specimens after being asked. With a response rate of 47% for the survey and only three stool specimens, the investigators cannot determine the overall attack rate, the etiology of the outbreak or if the sausage was the true source of illness. The report was also limited by recall bias as information was gathered by surveys, which required sorority members and parents to recall what food they ate and illness information.
Acknowledgements
The investigators of this report thank the staff of the Lawrence-Douglas County Health Department and the staff at Pi Beta Phi Sorority for the assistance provided during this investigation. KDHE is grateful to sorority members, parents, and staff from Vermont Street BBQ and Abe and Jake’s Landing for the completion of surveys and collection of stool specimens for testing.

References
5. CDC. Acute Respiratory Disease Associated with Adenovirus Serotype 14 – Four States, 2006-2007. MMWR 2007; 56(45);1181-1184

Our Vision and Mission
As the state’s environmental protection and public health agency, KDHE promotes responsible choices to protect the health and environment for all Kansans.

Through education, direct services, and the assessment of data and trends, coupled with policy development and enforcement, KDHE will improve health and quality of life. We prevent injuries, illness, and foster a safe and sustainable environment for the people of Kansas.
Appendix A
Kansas Department of Health and Environment
Lawrence-Douglas County Health Department
Gastrointestinal Illness Outbreak Survey

The Kansas Department of Health and Environment and the Lawrence-Douglas County Health Department are investigating reports of gastrointestinal illness among sorority members and their fathers after a Father/Daughter luncheon in Lawrence on September 22, 2007. To determine the cause of illness, it is important for us to gather information from those who became ill as well as those who did not become ill. The survey will take about 5 to 10 minutes to complete. All information you provide will be strictly confidential.

1.) Last Name: ____________________ 2.) First Name: ____________________

3.) Home phone: (______)_____________ 4.) E-mail: ______________

5.) Date of Birth: ____/____/______ 6.) Sex: ☐ Male ☐ Female

MM DD YYYY

7.) Where are you employed? ________________________________

8.) What is your occupation? ________________________________

9.) Did you have lunch with the group on Saturday, September 22?

☐ Yes ☐ No ☐ Don’t know

10.) If you had lunch with the group, did you eat anything from the following list?

<table>
<thead>
<tr>
<th>Item</th>
<th>☐ Yes</th>
<th>☐ No</th>
<th>☐ Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Turkey</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pulled Pork</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sausage</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Baby Back Ribs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Potato Salad</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Baked Beans</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cornbread</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bread</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BBQ Sauce</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pickles</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drink with ice</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drink without ice</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
11.) Did you become ill since the lunch on September 22?
   □ Yes → If yes, please proceed to question 12.
   □ No → If no, please go to question 20.

12.) When did you start feeling ill?
   Date ___/___/______
   Time ____:_____
   □ a.m. □ p.m.

13.) What was your first symptom?

14.) Did you have any of the following symptoms?

   Nausea?
   □ Yes □ No □ Don’t know

   Vomiting?
   □ Yes □ No □ Don’t know

   Stomach cramps?
   □ Yes □ No □ Don’t know

   Diarrhea?
   (more than 3 loose stools in a 24 hour period)
   If yes, number of stools in 24 hours? _______________

   Bloody diarrhea?
   □ Yes □ No □ Don’t know

   Dizziness?
   □ Yes □ No □ Don’t know

   Fever?
   □ Yes □ No □ Don’t know

      If yes, highest temperature? ________ °F

   Please list any other symptoms:
   _____________________________________________

15.) Were you taking antibiotics for any reason before you became ill? □ Yes □ No

16.) Did you see a doctor or other healthcare professional for this illness? □ Yes □ No

      If yes, provide name and phone number: _______________________________

17.) Were you hospitalized? □ Yes □ No

      If yes, where? ______________________________________________________
18.) Was a stool specimen collected?  □ Yes  □ No

19.) Are you still ill?  □ Yes  □ No

   If no, when did you recover?  Date ___/___/______  Time ____:______  □ a.m.  □ p.m.
                             MM DD YYYY

20.) Has anyone else in your household been ill with nausea, vomiting, or diarrhea?

   □ Yes  □ No  If yes, name and relationship:____________________________________

   Date illness began: ___/___/______  MM DD YYYY

   □ Yes  □ No  If yes, name and relationship:____________________________________

   Date illness began: ___/___/______  MM DD YYYY

21.) Do you have other comments or information you would like to share?

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

Thank you for completing the survey.
COMPLAINT INVESTIGATION REPORT

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
BUREAU OF CONSUMER HEALTH
FOOD SAFETY & CONSUMER PROTECTION

Establishment Name: Pi Beta Phi  Est ID #: 5511  Type: 200

Date Received: 09-24-07  Received By: Kathrine Robnett  Occurrence Date: 09-22-07  Occurrence Time: 12:00

Complainant: Dg. Co. Health Dept.  Phone: (785) 843-3060  Email:

Please check one major complaint type:

☒ 1 Alleged Foodborne Illness / Outbreak (see below)
☐ 2 Personal Health / Hygiene
☐ 3 Food Source (sound condition; spoilage; approved
☐ 4 Labeling / Expiration
☐ 5 Food Protection (temperatures)
☐ 6 Water / Plumbing Sewage
☐ 7 General Sanitation
☐ 8 Insect, Rodent, Animal
☐ 9 Other

COMPLAINANT’S CONCERN:

This came from Douglas County Health Dept. The sorority house had a father’s day outing at Abe and Jake’s Landing and had BBQ catered in from Vermont Street BBQ. Several have fallen ill and went to see doctors at Primary Care for treatment. All girls that were ill live in same sorority house, 15 fathers also fell ill after attending the event. See symptoms below.

Alleged Foodborne Illness:

Symptoms (☑ All that Apply): ☒ Vomiting  ☒ Diarrhea  ☒ Nausea  ☒ Abdominal Cramps  ☐ Fever  ☐ Other ______

Date of Illness Onset: ____________  Time: ______  # Persons Ill: 52  # Persons Served: ______  # Households involved: ______

Doctor Visited?: ☑  Y  Hospitalizations?: ☑  Y  Stool sample taken?: ______  Food samples available?: U

Food/Beverage Eaten: See complaint form for Vermont Street BBQ for food items served.

Any other commonalities/ meals shared?: ☑  Y  If yes, which meal(s): ______

INSPECTOR COMMENTS:

Conducted inspection at sorority house kitchen to determine if cause of illnesses came from kitchen. No ill cook or helpers were seen. All temperatures were good. Kitchen was clean and no pest problems noted. Inspector obtained copy of menu for house kitchen for that week.

Date Worked: 09-24-07  VALID: ______  INVALID: ______  UNDETERMINED: X

Date Complainant Notified: 09-24-07  Via: Letter/email (copy attached)___  Phone ___  Other X

ORIGINAL INSPECTION REPORT & COMPLAINT REPORT FORMS TO TOPEKA OFFICE

Bureau of Consumer Health  1000 SW Jackson, Ste 330  Topeka, KS 66612  (785) 296-5600

Revised 11/06
# Kansas Department of Health and Environment

## Food Service Establishment Inspection Report

**Inspector #**

**ID#**

**Type**

**Purpose**

**RAC:** 2

---

**Establishment:** R. Beck & Co.

**Owner:** R. Beck & Co.

**Address:** 112 W 15th St.

**City:** Lawrence

**County:** Douglas

**Zip:** 66044

**Phone:** (785) 847-4931

---

### Critical Observations

<table>
<thead>
<tr>
<th>No.</th>
<th>Critical Observation</th>
<th>Corrected?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Cooling</td>
<td>Y</td>
</tr>
<tr>
<td>2</td>
<td>Cold Hold (41°F - 45°F)</td>
<td>Y, 41°F</td>
</tr>
<tr>
<td>3</td>
<td>Hot Hold (140°F)</td>
<td>Y</td>
</tr>
<tr>
<td>4</td>
<td>Proper Cooking Temp PHF</td>
<td>Y</td>
</tr>
<tr>
<td>5</td>
<td>Reheating for Hot Holding</td>
<td>Y</td>
</tr>
<tr>
<td>6</td>
<td>Date Marking---PHF</td>
<td>Y</td>
</tr>
<tr>
<td>7</td>
<td>Date Marking Disposition</td>
<td>Y</td>
</tr>
</tbody>
</table>

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### Food/Location

<table>
<thead>
<tr>
<th>Food/Location</th>
<th>Temp</th>
<th>Amber/Alert</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beef/rice</td>
<td>47°F</td>
<td></td>
</tr>
<tr>
<td>Turn/rice</td>
<td>46°F</td>
<td></td>
</tr>
<tr>
<td>Ambient/rice</td>
<td>37°F</td>
<td></td>
</tr>
<tr>
<td>Chicken/rice</td>
<td>37°F</td>
<td></td>
</tr>
<tr>
<td>Potato soup/rice</td>
<td>34°F</td>
<td></td>
</tr>
<tr>
<td>Ambient/rice</td>
<td>37°F</td>
<td></td>
</tr>
</tbody>
</table>

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### Miscellaneous

<table>
<thead>
<tr>
<th>No.</th>
<th>Violation Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>Personnel Restricted / Excluded / Reporting</td>
</tr>
<tr>
<td>9</td>
<td>Discharge from eyes, nose and mouth</td>
</tr>
<tr>
<td>10</td>
<td>Demonstration of Knowledge</td>
</tr>
<tr>
<td>11</td>
<td>Handwashing: When</td>
</tr>
<tr>
<td>12</td>
<td>No Bare hand / RTE Foods</td>
</tr>
<tr>
<td>13</td>
<td>Personnel Practices (Eating / Drinking / Smoking)</td>
</tr>
<tr>
<td>14</td>
<td>Adulteration / Sound Condition</td>
</tr>
<tr>
<td>15</td>
<td>Discard Adulterated Foods</td>
</tr>
<tr>
<td>16</td>
<td>Food Source / Food Law</td>
</tr>
</tbody>
</table>

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**Distribution:**

- Department Copy – White
- Establishment Copy – Pink
- Inspector Copy – Yellow
<table>
<thead>
<tr>
<th>Compliance Status</th>
<th>R</th>
<th>Code Ref.</th>
<th>GRP</th>
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<tbody>
<tr>
<td>Y N</td>
<td></td>
<td>2-304.11</td>
<td>39. Personal Cleanliness</td>
<td>Y N</td>
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<tr>
<td>Y N</td>
<td></td>
<td>3-304.12</td>
<td>40. In-Use/Between-Use Utensils Storage</td>
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<td>3-304.14</td>
<td>41. Wiping Cloths</td>
<td>Y N N/O</td>
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<td>3-304.15</td>
<td>42. Glove-Use</td>
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<td>Y N</td>
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<td>3-401.13</td>
<td>43. Plant Food Cooking</td>
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<td>3-501.13</td>
<td>44. Thawing</td>
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<tr>
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<td></td>
<td>4-302.12</td>
<td>45. Food Temp Measuring Device</td>
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<tr>
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<td></td>
<td>4-302.14</td>
<td>46. Sanitizer Test Strips</td>
<td>Y N N/O N/A</td>
</tr>
<tr>
<td>Y N</td>
<td></td>
<td>4-601.11C</td>
<td>47. Non-Food Contact Surfaces Clean</td>
<td>Y N</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4-602.13</td>
<td>48. Non-Food Contact Surfaces Clean Frequency</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>4-501.15</td>
<td>49. Outside Receptacles</td>
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<td>4-602.13</td>
<td>50. Insect Control Devices</td>
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<td>6-301.11</td>
<td>51. Soap Availability</td>
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<td>6-301.12</td>
<td>52. Hand Drying Provisions</td>
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<td>6-501.11</td>
<td>53. Physical Facility Condition</td>
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<tr>
<td></td>
<td></td>
<td>6-501.12</td>
<td>54. Cleaning Frequency</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>6-501.12</td>
<td>55. Removing Dead Pests</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>6-501.11</td>
<td>56. Current License Displayed</td>
<td></td>
</tr>
</tbody>
</table>

**Food Retail Practices (GRP)**

Tips are preventive measures to control the addition of pathogens/chemicals and physical objects into foods. See page 3 for comments.
<table>
<thead>
<tr>
<th>Mentioned Area</th>
<th>Description</th>
<th>Observation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cont #47</td>
<td>Food contact part of coverlocated at top part of covers dirty with dried food residue</td>
<td></td>
</tr>
<tr>
<td>Cont #54</td>
<td>Approx 20 oz. discharges in cv in corner of drain area, sink with soap pots dirty with food residue</td>
<td></td>
</tr>
</tbody>
</table>

Inspector Comments / Corrections

**COMPLIANCE ACTION**

<table>
<thead>
<tr>
<th>Category</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONC Issued</td>
<td>Y N</td>
</tr>
<tr>
<td>Administrative Review</td>
<td>Y N</td>
</tr>
<tr>
<td>RCP Recommended</td>
<td>Y N</td>
</tr>
<tr>
<td>Voluntary Closure</td>
<td>Y N</td>
</tr>
<tr>
<td>Voluntary Destruction</td>
<td>Y N</td>
</tr>
</tbody>
</table>

**HANDOUT NUMBERS**

4.53, 31, 35, 36, 37

**EDUCATION / TRAINING**

Y N

**Licensing Information Only**

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Action</th>
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<tbody>
<tr>
<td>Complete Application</td>
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<tr>
<td>Left Application</td>
<td>Y N</td>
</tr>
<tr>
<td>District Mgr.</td>
<td>Y N</td>
</tr>
<tr>
<td>New Facility</td>
<td>Y N</td>
</tr>
<tr>
<td>Fees Collected</td>
<td>$_____</td>
</tr>
<tr>
<td>Total Amount Due</td>
<td>$_____</td>
</tr>
<tr>
<td>Method of Payment</td>
<td></td>
</tr>
<tr>
<td>In Operation</td>
<td>Y N</td>
</tr>
<tr>
<td>Operation Begins</td>
<td>______</td>
</tr>
<tr>
<td>Check #</td>
<td>______</td>
</tr>
<tr>
<td>Cash</td>
<td></td>
</tr>
<tr>
<td>Discover Card</td>
<td></td>
</tr>
</tbody>
</table>

Inspector (Signature)  Katherine Redpath
(Person)  (Print)  (Print)

Person In Charge (Signature)  Mary J. Tracht
(Person)  (Print)  (Print)

Distribution:  Department Copy – White  Establishment Copy – Pink  Inspector Copy – Yellow
September 17, 2007 - Monday - Oatmeal

Grilled Cheese/Tomato Soup
Salad Bar
Cookies

Meat Lasagna
Italian Salad
Garlic Bread
Pie

September 18, 2007 - Tuesday - French Toast

Sierin's Chicken Casserole
Salad Bar
S'Mores

Catfish/Chicken
Black beans/Rice
Salad/Cornbread
Jell-O/Cookie

September 19, 2007 - Wednesday - Egg - Bacon - Potato

Potato Soup
Salad Bar
Brownies

Pot Roast
Potato/Carrots
Cottage Cheese Salad
Cheese Cake

September 20, 2007 - Thursday - Cream of Wheat

BLT Wrap
Salad Bar
Rice Crispy Treat

Mexican Buffet
Chicken Enchilada
Cheese Quesadilla
Black Bean Salad
Sopapilla

September 21, 2007 - Friday

Mexican Pizza, Salad Bar, Ice Cream
COMPLAINT INVESTIGATION REPORT

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
BUREAU OF CONSUMER HEALTH
FOOD SAFETY & CONSUMER PROTECTION

Establishment Name: Vermont St. BBQ

Date Received: 9/25/07 Received By: KR Occurrence Date: 9/22/2007

Complainant: Lawrence, KS

Phone: (785) 833-8360

Please circle one major complaint type:
1. Alleged Foodborne Illness/Outbreak (see below)
2. Personal Health/Hygiene
3. Food Source (sound condition; spoilage; approved source)
4. Labeling/Expiration Dates
5. Food Protection (temperatures)
6. Water/Plumbing/Sewage
7. General Sanitation
8. Insect, Rodent, Animal Control
9. Other

COMPLAINTANT'S CONCERN:
3 girls sick. Reported involvement with Phtophin Lawrence.
Additional details forthcoming.

Alleged Foodborne Illness:

Symptoms (✓ All that Apply): ✓ Vomiting  ✓ Diarrhea  ✓ Nausea  ✓ Abdominal Cramps  □ Fever  □ Other

Date of Illness Onset: ___/___/____ Time: ___ # Persons Ill: ___ # Persons Served: ___ # Households involved: ___

Doctor Visited?: Y N U Hospitalizations?: Y N U Stool samples taken?: Y N U Food samples available?: Y N U

Food/Beverage Eaten:

Any other commonalities/meals shared?: Y N U If yes, which meal(s):

INSPECTOR COMMENTS:
Details of the outbreak are being investigated by Lee Lambert with epi @ 785-368-8208.

Date Worked: 9/25/07

Date Complainant Notified: ___/___/___ Via: Letter/email (copy attached) Phone Other

ORIGINAL INSPECTION REPORT & COMPLAINT REPORT FORMS TO TOPEKA OFFICE

Bureau of Consumer Health 1000 SW Jackson Ste 330 Topeka, KS 66612 (785) 296-5600

Revised 11/06
# KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
## Food Service Establishment Inspection Report

### Inspector Information
- Inspector #: 1
- ID#: 83942
- Type: 200
- Purpose: 03
- RAC: 1
- Re-inspection Required: N
- Re-inspection Date: N

### Establishment Information
- Establishment: Vermont Street BBQ
- Owner: Vermont Street BBQ
- Address: 728 Massachusetts
- City: Lawrence
- County: D.C.
- Zip: 66044
- Phone: 785-856-4227

### Critical Violations
- Y N 1. Cooling
- Y N 2. Cold Hold (41 F / 45 F)
- Y N 3. Hot Hold (140 F)
- Y N 4. Proper Cooking Temp PHF
- Y N 5. Reheating for Hot Holding
- Y N 6. Date Marking—PHF
- Y N 7. Date Marking Disposition

### Food Locations

<table>
<thead>
<tr>
<th>Food/Location</th>
<th>Temp F</th>
<th>Ambient Air</th>
<th>Food/Location</th>
<th>Temp F</th>
<th>Ambient Air</th>
</tr>
</thead>
<tbody>
<tr>
<td>ribs/oven</td>
<td>170</td>
<td></td>
<td>beans/stove</td>
<td>169</td>
<td></td>
</tr>
<tr>
<td>turkey/&quot;</td>
<td>179</td>
<td></td>
<td>pork/&quot;</td>
<td>165</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>chicken/wic</td>
<td>149</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>ribs/&quot;</td>
<td>152</td>
<td></td>
</tr>
<tr>
<td>milk/display</td>
<td>42F</td>
<td></td>
<td>milk</td>
<td>42F</td>
<td></td>
</tr>
<tr>
<td>chicken/wic</td>
<td>39F</td>
<td></td>
<td>pasta/salad/&quot;</td>
<td>39F</td>
<td></td>
</tr>
<tr>
<td>beef/&quot;</td>
<td>40F</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Observations
- Y N 8. Personnel Restricted / Excluded / Reporting
- Y N 9. Discharge from eyes, nose and mouth
- Y N 10. Demonstration of Knowledge
- Y N 11. Handwashing-When
- Y N 12. No Bare hand / RTE Foods
- Y N 14. Adulteration / Sound Condition
- Y N 15. Discard Adulterated Foods
- Y N 16. Food Source / Food Law

---

**Distribution:**
- Department Copy - White
- Establishment Copy - Pink
- Inspector Copy - Yellow

**Page 1**
<table>
<thead>
<tr>
<th>Compliance Status</th>
<th>R</th>
<th>Code Ref</th>
<th>GRP</th>
<th>Compliance Status</th>
<th>R</th>
<th>Code Ref</th>
<th>GRP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y N</td>
<td></td>
<td>2-304.11</td>
<td>39. Personal Cleanliness</td>
<td>Y N</td>
<td></td>
<td>4-602.13</td>
<td>58. Non-Food Contact Surfaces Clean Frequency</td>
</tr>
<tr>
<td>Y N</td>
<td></td>
<td>3-304.12</td>
<td>40. In-Use / Between-Use Utensils Storage</td>
<td>Y N</td>
<td></td>
<td>5-501.15</td>
<td>59. Outside Receptacles</td>
</tr>
<tr>
<td>Y N</td>
<td></td>
<td>3-304.14</td>
<td>41. Wiping Cloths</td>
<td>Y N / O N/A</td>
<td></td>
<td>6-202.13</td>
<td>60. Insect Control Devices</td>
</tr>
<tr>
<td>Y N</td>
<td></td>
<td>3-304.15</td>
<td>42. Glove-Use</td>
<td>Y N</td>
<td></td>
<td>6-301.11</td>
<td>61. Soap Availability</td>
</tr>
<tr>
<td>Y N</td>
<td></td>
<td>3-401.13</td>
<td>43. Plant Food Cooking</td>
<td>Y N</td>
<td></td>
<td>6-301.12</td>
<td>62. Hand Drying Provision</td>
</tr>
<tr>
<td>Y N</td>
<td></td>
<td>3-501.13</td>
<td>44. Thawing</td>
<td>Y N</td>
<td></td>
<td>6-501.11</td>
<td>63. Physical Facility Condition</td>
</tr>
<tr>
<td>Y N</td>
<td></td>
<td>4-302.12</td>
<td>45. Food Temp Measuring Device</td>
<td>Y N</td>
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<td>6-501.12</td>
<td>64. Cleaning Frequency</td>
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<tr>
<td>Y N</td>
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<td>4-302.14</td>
<td>46. Sanitizer Test Strips</td>
<td>Y N / O N/A</td>
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<td>6-501.112</td>
<td>65. Removing Dead Pests</td>
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<tr>
<td>Y N</td>
<td></td>
<td>4-601.11C</td>
<td>47. Non Food Contact Surfaces Clean</td>
<td>Y N</td>
<td></td>
<td>8-304.11</td>
<td>56. Current License Displayed</td>
</tr>
</tbody>
</table>

**Handwritten Notes:**
- Hot water supply valve at the kitchen faucet was off, no hot water to faucet.
- Can mouse built in kitchen is in open, uncovered cardboard box.
<table>
<thead>
<tr>
<th>Violation #</th>
<th>Type</th>
<th>Violation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>N N/C 6/20/07 A N</td>
<td></td>
<td>Unsheltered bulbs in kitchen</td>
<td></td>
</tr>
<tr>
<td>N N/C 6/20/15 A N</td>
<td></td>
<td>Door to back alley is opened to the outside</td>
<td></td>
</tr>
<tr>
<td>N N/C 6/20/15 A N</td>
<td></td>
<td>No screen in open window</td>
<td></td>
</tr>
<tr>
<td>N N/C 4/20/16 N</td>
<td></td>
<td>Smoking in ice bucket at bar is in contact with the drink ice</td>
<td></td>
</tr>
</tbody>
</table>

Inspector Comments / Corrections:

Employer survey (25 copies) given to Shedd on 9/25/07 at 3:30 pm to obtain info from his staff and provide to me by 4:30 pm 9/26/07.

<table>
<thead>
<tr>
<th>COMPLIANCE ACTION</th>
<th>HANDOUT NUMBERS</th>
<th>Licensing Information Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONC Issued</td>
<td></td>
<td>Complete App Y N</td>
</tr>
<tr>
<td>Administrative Review</td>
<td></td>
<td>Left Application Y N</td>
</tr>
<tr>
<td>RCP Recommended</td>
<td></td>
<td>Total Amount Due $</td>
</tr>
<tr>
<td>Voluntary Closure</td>
<td></td>
<td>Fees Collected $</td>
</tr>
<tr>
<td>Voluntary Destruction</td>
<td></td>
<td>Method of Payment:</td>
</tr>
<tr>
<td>EDUCATION/TRAINING</td>
<td></td>
<td>Check #</td>
</tr>
<tr>
<td></td>
<td>18</td>
<td>Cash Discover Card</td>
</tr>
</tbody>
</table>

Inspector (Signature): [Signature]

(Print): Urban Welling Jr.

Person In Charge (Signature): [Signature]

(Print): Shedd Welling Jr.
RISK ASSESSMENT WORKSHEET

Establishment Name: Vermont St. BBQ
Address: 748 Massachusetts
City: Lawrence

MENU REVIEW FACTOR

1. Does the facility prepare/serve raw or undercooked PHF (ex: eggs, steak tartar, sushi)? Y ☒
2. Does the facility prepare/serve raw shellfish (ex: oysters, clams, etc)? Y ☒
3. Does the facility prepare/serve ground beef products, comminuted or tenderized meat? O ☒
4. Does the facility prepare/serve poultry (ex: chicken, turkey, etc)? O ☒
5. Does the facility prepare/serve soft cheeses (cream cheese, Camembert, Brie)? Y ☒
6. Does the facility prepare/serve deli meats or hot dogs/wieners? O ☒
7. Does the facility prepare/serve refried beans or rice? O ☒
8. Does the facility prepare/serve saucesgravies or casseroles/stews/chili? O ☒
9. Does the facility prepare/serve pork? O ☒
10. Does the facility prepare/serve potatoes or pasta? O ☒
11. Does the facility serve commercial or prepare on site salads (ex: ham, tuna, pasta)? Y ☒
12. Does the facility vacuum package, smoke or cure meats? O ☒
13. Does the facility have a self-service buffet or salad bar? O ☒
14. Does the facility do off site catering? O ☒
15. Does the facility serve a highly susceptible population? Y ☒

Y = 1 POINTS  N = 0 POINTS  TOTAL  8

PROCESS FACTOR

Which one statement most closely describes the processes taking place in the facility?

Beverages, prepackaged foods, non potentially hazardous foods only 1 POINTS
Receive, store, prepare, hold and serve food; No cooking 5 POINTS
Receive, store, prepare, cook, hold and serve food 10 POINTS
Receive, store, prepare, cook, cool, reheat, hot hold, serve 15 POINTS

TOTAL  15

MEAL VOLUME FACTOR

How many meals/persons are served on the facility’s busiest day?

1 – 100  1 POINTS
101 – 300  5 POINTS
301 – 500  10 POINTS
501 and above  15 POINTS  TOTAL  10

To figure the Risk Assessment Code (RAC) add the totals from the 3 boxes above and compare the total to the chart in this box.

RAC Code
- 1 – 15 points LOW 1
16 – 25 points MEDIUM 2
26 points and above HIGH 3

POINTS GRAND TOTAL 33

Inspector Signature: [Signature]
Inspector ID: K560  Date: 9.5.02

Original to Topeka Office  Copy to Inspector

Complete Other Side