SALMONELLA HEIDELBERG OUTBREAK AMONG PATRONS AT FOOD ESTABLISHMENT RENO COUNTY, KANSAS APRIL 2006

INVESTIGATORS
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Reported By
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BACKGROUND

On April 28, 2006, a Food Inspector with the Reno County Health Department notified staff in the Epidemiologic Services Section (ESS) at Kansas Department of Health and Environment of a potential outbreak at Food Establishment X in Reno County. On April 22, 2006 a group of retirees from Lindsborg, KS (McPherson County) ate together at Food Establishment X, and several from that party developed subsequent gastrointestinal illness. Clinical laboratory tests indicated illnesses were caused by infection with *Salmonella* Heidelberg. This report details the outbreak investigation.

METHODS

Epidemiologic

A case-control study was designed to potentially identify which food item(s) may have caused illness. Based on initial information, including positive laboratory tests for *Salmonella* Heidelberg (as detailed below), cases were defined as patrons who consumed food from Food Establishment X on April 22 and who developed one or more of the following symptoms from Saturday April 22 to Tuesday, April 25: nausea, vomiting, diarrhea, abdominal cramps, fever, and headache. Cases were identified from the initial list of ill persons reported, by eliciting names and contact information of other ill persons known to the initial cases, and by monitoring the state electronic disease surveillance system for cases of *Salmonella* Heidelberg, and reviewing standard surveillance data regarding exposures.

Study participants to serve as controls were identified in two ways. First, a list of all persons from the original party that were known to have not developed illness was generated. Second, credit card receipts were obtained from the establishment manager, and public databases were used to identify telephone numbers for names provided on the credit card receipts. Among patrons identified from credit card receipts, those who had previously been identified as "ill" (9) from initial reports and elicitation were eliminated from the list. Of the remaining patrons, 30 were randomly selected as controls.

A standardized questionnaire was created identifying all items on the menu, which was provided by the establishment. A group of interviewers was assembled from the KDHE Center for Public Health Preparedness phone bank. Interviewers were given brief instructions and began telephone interviews among both cases and controls May 4th, with the majority of interviews completed by May 5th. Additional follow up interviews were completed May 8 – 26 as additional information was provided or contact was made by those ill. Additional cases were identified throughout the interview process.

Two-by-two crosstabulations of those who were ill and those who were not ill by menu items eaten or not eaten were constructed and odds ratios with 95% confidence intervals were calculated to examine significant relationships between illness and consuming specific food items.

Environmental

The Reno County Health Department contracts with the KDHE Food Protection Program to conduct food establishment inspections in Reno County. An inspection of the establishment was conducted April 28, 2006 2:30 pm to 4:50 pm.

Laboratory

Six cases, identified as meeting the case definition during the interviews, had stool specimens submitted to clinical laboratories for testing.

RESULTS

Epidemiologic

Thirteen cases were identified as meeting the case definition and were included in the study. Of these, 6 were laboratory confirmed at the time interviews were conducted. Of the 30 randomly selected patrons for control subjects, 17 agreed to participate and completed the study. The distribution of cases and controls by county is represented by Table 1. There were 53 percent females and 47 percent males in the study population. Cases represented 43 percent of the study population; 57 percent were controls. There were 8 females and 5 males who were ill; 8 females and 9 males were not ill. The average age for the study population was 67 years. Among those who were ill, the average age was 73 years; of those who were not ill, the average age was 63 years.

The incubation period among those who were ill ranged from 0 – 4 days; the average was 2 days or approximately 48 hours. The duration of illness ranged from 1 – 8 days; the average was 5 days. The predominantly reported first symptom was diarrhea (77%); overall, all 13 (100%) cases reported developing diarrhea during their illness. The description of initial first symptoms of those meeting the case definition is described in Table 2.

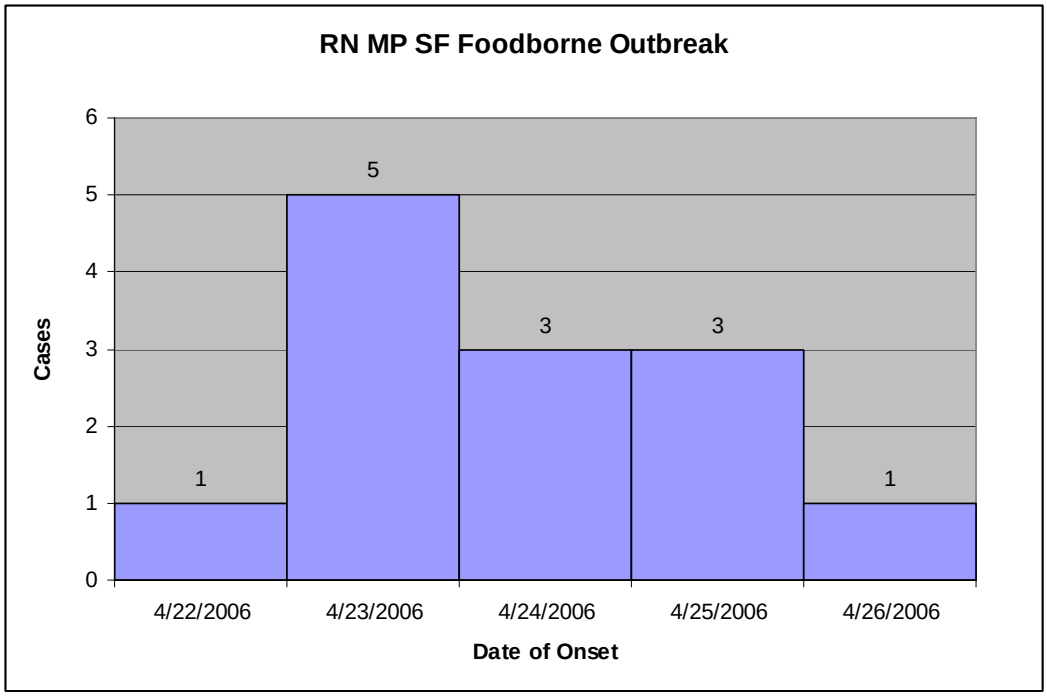
Table 1: County distribution of study population.

County	Total	Cases	Controls
Reno	18	5	13
McPherson	9	6	3
Stafford	2	1	1
Barton	1	1	0
ALL	**30**	**13**	**17**

Table 2: Description of first symptoms of patrons who met the case definition.

Symptom	No. of Cases	%
Diarrhea	10	77
Stomach cramps	4	31
Fever	3	23
Gas	2	15
Nausea	1	8
Achiness	1	8
"Run down feeling"	1	8

Figure 1. Epidemiologic Curve



There were 34 menu items identified as eaten by the cases and controls. When grouped together as one item, the odds of having consumed desserts were more than 25 times higher among cases than among controls (O.R. = 25.7; 95% CI = 3.6, 181.4). Because of the low counts, further examination by type of dessert was not statistically reliable. Other items such as "pie," "meringue," "cream pie," "coconut," and "lemon" may have been suspect items; however due to small numbers (tables contained cells with expected counts <5), the results were not statistically reliable. No other food items were statistically associated with illness.

Environmental

Two critical violations were cited with corrections made by the facility at the time of inspection. No employees were reported ill at the time. Observation of cooking and cooling of meringue was observed by an inspector May 2, 2006. Non-compliance was noted in cooking and cooling processes for lemon meringue and coconut meringue pies. Corrective actions were provided to the establishment. Another visit was made May 9, 2006, at which time a kitchen worker was interviewed. Although hearsay reports were made of the kitchen worker being ill with diarrheal disease and continuing to work, this could not be substantiated.

Laboratory

Stool cultures for four of six cases were first identified by two hospital laboratories as *Salmonella.* Three of the laboratory confirmed cases were identified by the hospital laboratories as *Salmonella* Group B; a fourth case was identified only as *Salmonella.* KHEL performed serotyping on all six cases, identifying *Salmonella* Group B, serotype Heidelberg.

Table 1: Laboratory Results

Case number	Location of Initial Laboratory Testing Facility	Date of report	Result	Follow up laboratory testing for serotyping & PFGE pattern identification	Date of report	Result
12	RN Co	5/1/2006	*Salmonella* Group B	KHEL	5/15/2006	*Salmonella* Group B, serotype Heidelberg
6	RN Co	4/27/2006	*Salmonella* Group B	KHEL	5/5/2006	*Salmonella* Group B, serotype Heidelberg
4	SA Co	5/4/2006	*Salmonella* Group B	KHEL	5/3/2006	*Salmonella* Group B, serotype Heidelberg

11	SA Co	4/28/2006	*Salmonella*	KHEL	5/3/2006	*Salmonella* Group B, serotype Heidelberg
3				KHEL*	5/3/2006	*Salmonella* Group B, serotype Heidelberg
9				KHEL*	5/9/2006	*Salmonella* Group B, serotype Heidelberg

*Stool specimens sent directly for KHEL for testing.

DISCUSSION

This case control study involved patrons from four counties who frequented Food Establishment X in Reno County. Seventy-seven percent of ill patrons reported first symptom of diarrhea, with other symptoms including stomach cramps, gas, fever, nausea, achiness and "run-down feeling"; ultimately, all cases reported diarrhea. Laboratory stool specimens identified *Salmonella* as the causative organism by May 4, 2006. The majority of questionnaires were completed by May 5, 2006. Dessert was the most likely food item implicated based on statistical analysis. The inspection of Food Establishment X found problems associated with cooking and cooling of meringue pies (lemon and coconut).

Anecdotal evidence from case finding efforts using routine surveillance data suggests there may have been additional cases, or secondary cases, or simply coincidental cases in the state. There was no clear concentration of more cases in the counties included in this investigation.

Salmonella Heidelberg was the fifth most frequently reported *Salmonella* serotype from human sources in 2004 according to the Centers for Disease Control and Prevention's *Salmonella* Annual Summary, 2004[i]. In Kansas, the 2004 rate of *Salmonella* infection was 14.5 per 100,000 (95% CI, 13.0 – 15.9), compared to the 2003 U.S. rate of 15.2 per 100,000. *Salmonella* Heidelberg is also the fifth most frequently isolate serotype in Kansas (Reportable Diseases in Kansas, 2004 report)[ii]. Among nonhuman sources of *Salmonella* reported to CDC in 2004, Heidelberg was the fourth most frequently reported clinical serotype and the second most frequently reported non-clinical serotype. Nonhuman sources of S. Heidelberg are most likely to be from chickens (356 or 68 percent) and turkeys (121 or 23 percent) of the 526 reported. The nonhuman isolates are reported to the CDC from animal disease diagnostic laboratories and the USDA, Food Safety and Inspection Service (FSIS) laboratories throughout the U.S. These are identified as "clinical" non-human serotypes. Non-clinical serotypes are submitted as a part of herd or flock monitoring and surveillance, feed sample testing, environmental testing, research and other programs.

Clinical features of salmonellosis (non-typhoidal) include acute gastroenteritis with sudden onset of fever, headache, diarrhea, abdominal pain, nausea and sometimes vomiting. Complications

are more likely to occur in children younger than 4 years of age, elders, and persons with immunosuppression. There are more than 2500 serotypes of *Salmonella*.[i] Mode of transmission for salmonellosis is ingestion of organisms in water or food contaminated by the feces of an infected animal or person, or by food derived from an infected animal. The period of communicability is widely variable from several days to several weeks with a carrier state continuing for more than a year, though this is relatively rare (1% adults, 5% in children under five years).[ii] Isolates of *Salmonella* are required by Kansas Administrative Regulation 28-1-18 to be submitted to KHEL for further bacterial characterization.

CONCLUSION

An outbreak of *Salmonella* Heidelberg occurred among patrons of Food Establishment X in Reno County. Laboratory specimens confirmed the presence of *Salmonella* Group B, serotype Heidelberg among six of 13 cases. Dessert was most likely the implicated food item. The manner of transmission could not be definitively determined; however the inspector found potential for contamination due to cooking and cooling methods for lemon and coconut meringue pies.

Attachments:

1. **Case and control questionnaires**
2. **KDHE BCH Food Protection and Consumer Safety Inspection Reports**

[i] Centers for Disease Control and Prevention (CDC). *Salmonella* Surveillance: Annual Summary, 2004. Atlanta, Georgia: US Department of Health and Human Services, CDC, 2005.
[ii] Kansas Department of Health and Environment (KDHE). Reportable Disease in Kansas: 2004 Summary, 2004. Topeka, Kansas. http://www.kdheks.gov/epi/download/disease_summary/2004_Annual_Summary_Salmonella_WNV_.pdf

Salmonella Outbreak – Reno/McPherson counties

Completed by _____ Date Form Completed _____

Hello. My name is _____. Could I please speak with (Listed below)
The reason I'm calling is because the Kansas Department of Health & Environment, McPherson, and Reno County Health Depts. are investigating an outbreak of gastrointestinal illness related to food prepared at the [redacted] on the weekend of 4/21-22. Your help is needed in this investigation to determine the cause of illness. It is very important for us to ask you a few questions. This should take about 10 min. Any information will remain confidential. You don't have to answer any question that you don't want to answer. Would now be a good time to ask you these questions?

NO - Your information is very important to us.
Is there a better time to reach you? Date__/__/__ Time _____AM/PM

Comments:
_____

Last Name:_____ First Name:_____ Phone:(___)____-_____

Mailing address _____ City:_____

State:____ Zip:_____ County of residence _____

Date of Birth:___/____/___ Age:_____ Sex:____Grade or Occupation:_____

Did you dine at the [redacted] any time on Saturday 4/22? - **Y N UNK**

*If **YES** continue. If **NO** stop here*

Did you become ill with any of these symptoms from Saturday to Tuesday, 4/22 – 4/25**:**
nausea, vomiting, diarrhea, abdominal cramps, fever, headache? - - - - - - - - - - - - - - - **Y N UNK**

*If **YES** **C**omplete SECTIONS 2 and 3.*
*If **NO** Continue with SECTION 2 then stop*

.

SECTION 2 –

Now I would like to ask you about what you ate from the [redacted].

Did you have a vegetable selection?	**Y**	**N**	**UNK**	What was the vegetable? _____
Did you have the "Saturday special" Chicken Parmesan?	**Y**	**N**	**UNK**	
Did you have a cold drink?	**Y**	**N**	**UNK**	
Did you have ICE in your drink?	**Y**	**N**	**UNK**	
Did you have salad dressing?	**Y**	**N**	**UNK**	What kind?_____
Did you have salad from the salad bar?	**Y**	**N**	**UNK**	What items did you eat? _____

Please list any condiments you used with your meal e.g. ketchup, cream, creamer, lemon, gravy etc.

_____

Salmonella Outbreak – Reno/McPherson counties

I will now ask you about selections from the menu. Just let me know if you had something to eat from the following sections of the menu and you can tell me what you ate or I can ask about specific items.

Mark the patron's specific items on the menu attached.

Did you eat anything from the:

Appetizers	**YES**	**NO**	**UNK**
Sandwiches	**YES**	**NO**	**UNK**
Salads (other than salad bar)	**YES**	**NO**	**UNK**
Soups	**YES**	**NO**	**UNK**
Dinners	**YES**	**NO**	**UNK**
Extras	**YES**	**NO**	**UNK**
Desserts	**YES**	**NO**	**UNK**
Beverages	**YES**	**NO**	**UNK**
Any beverages in bottles/cans?	**YES**	**NO**	**UNK**
Pies	**YES**	**NO**	**UNK**
Was your pie topped with meringue?	**YES**	**NO**	**UNK**

SECTION 3

I would now like to ask some questions about your illness.

Day/Date of first illness symptoms: Day _____ ___/___/___ Time of first symptoms: _____ AM/PM

First symptom(s) was/were: _____

Other symptoms: *Mark a response for each selection*
(Diarrhea is 3 or more loose stools in 24 hrs.)

Watery Diarrhea	**Y**	**N**	**UNK**	Nausea	**Y**	**N**	**UNK**	
Bloody Diarrhea	**Y**	**N**	**UNK**	Vomiting	**Y**	**N**	**UNK**	
Abdominal cramping	**Y**	**N**	**UNK**	Fever	**Y**	**N**	**UNK**	Temp = _____ F °
Headache	**Y**	**N**	**UNK**	Other:	_____			

Did you visit your Doctor? **Y** **N** **UNK** *If* ***YES*** **W**here**?:** _____

If YES, Name and phone number of your Doctor**:** _____

Were you hospitalized **?** **Y** **N** **UNK** *If* ***YES*** Where?: _____

Was a stool specimen taken**?** **Y** **N** **UNK** *If* ***YES*** When? _____

Circle where**?**

Collected by: Physician's office Clinic Pub Health Dept. Other: _____

Day/Date of recovery**: Day** _____ ___/___/___ **Time:** _____**AM/PM**

THANK YOU for your assistance

HACCP Inspection Report

May 2, 2006

[redacted]

Hutchinson, Ks 67501

Darcy Basye, Reno County Health Dept.
Naomi Bienfang, Reno County Health Dept.

Introduction

On May 2, 2006 a Hazard Analysis Critical Control Point (HACCP) inspection was conducted at [redacted] in Hutchinson, Ks. A food borne illness complaint was received on 4-27-2006. The complainant stated that 8 individuals became ill after eating at the [redacted] on 4-22-2006 and a few had tested positive for *Salmonella* and other suspect cases were becoming apparent. Patrons were becoming ill within 24 hours after eating. A suspect food at this point was meringue pies. Symptoms included diarrhea, stomach cramps, gas, nausea, aches, and fever.

The purpose of a HACCP inspection is to:

Identify foods and procedures that are most likely to cause illness
Establish procedures to reduce food borne illness outbreaks
Monitor these procedures to ensure continued food safety.

The HACCP inspection involves identifying Critical Control Points (CCP's) that occur during the food preparation. CCP's occur when Potentially Hazardous Foods (PHF's) are cooked, cooled, reheated, or held hot. PHF's are foods that are capable of supporting the growth of pathogenic (disease causing) bacteria due to high protein content and other common properties. By identifying and monitoring CCP's a food service establishment can reduce the chance of food borne illness.

Procedure

Meringue pies (lemon and coconut) were selected for the HACCP inspection because it was the suspect food in the food borne outbreak. This food is categorized as a process 3 because it was cooked, cooled and held cold until service. Monitoring the meringue process began at 4:30a.m. on 5-2-2006 and continued until 8:00a.m. on 5-3-2006. Pies were made daily and leftover slices that are not sold and be purchased for half price on the next day. If leftover slices of pie are not sold on the next day they are discarded. Except for Saturdays in which the employees can take the pies home. The establishment is closed on Sundays.

The eggs are obtained from [redacted], a local food distributor. Eggs are delivered 2-3 times/week. The box of eggs is stored on the bottom of the 3 door cooler with an internal food temperature of 40˚F. Egg whites are separated and pie powder was added. Pie powder consists of sugar, cornstarch, baking powder, and cream of tartar. The egg white mix is beaten for 15minutes with a final preparation temperature of 63˚F. The oven is preheated to 340˚F. Egg mixture is then spooned out on pies to a 4"-5" depth and baked for 12 minutes in the oven. Meringue had a final cooking temperature of 74˚F-79˚F. The pies are then set on prep table to cool for 20 minutes, in which the meringue had a final temperature of 88˚F. At 5:18a.m. The data loggers were placed in the cooling pies (1 lemon, 1 coconut) that were placed in the 2-door cooler that had an ambient air temperature of 42˚F. At 7a.m. pies were sliced and taken to 2 pie coolers for service to the public. Data loggers were left in the pies to observe cooling and cold holding of the pies. The lemon pie that was placed in the waitress cooler which had an ambient air temperature of 42˚F. At 5:14p.m. The lemon pie had cooled to 41˚F and is not in compliance with the second stage of cooling, since this pie took 10 hours on the second

stage of cooling instead of 4 hours as required. The coconut pie had cooled to 41˚F by 9:12a.m. which is in compliance with the Kansas Food Code.

Observations and Recommendations

Meringue for pies should be made with pasteurized eggs or a non-egg meringue powder mix, since a final cooking temperature of 140˚F could not be accomplished. If meringue could be made on egg meringue powder mix this would the classification of the meringue being considered a PHF. If pasteurized eggs were used for the making of the meringue it would be the only way to avoid the 140˚F final cooking temperature requirement. However, it would be crucial to follow the cooling and cold hold requirements of the Kansas Food code.

It is vital that PHF temperatures are monitored during preparation, cooking, cooling, hot hold, and cold holding. A temperature-monitoring program is essential in identifying a problem before it is too late. Monitoring programs could stop a food borne illness if corrective actions are taken as needed.

Acknowledgements

I would like to personally thank the staff and management of the [redacted] for allowing the opportunity to monitor the meringue pie process, and being so corporative during this food borne illness investigation.

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

JM

COMPLAINT INVESTIGATION REPORT

Received By: Darcy Basye Date: 4-27-2006 Via: Phone X Letter ___ Other ___

Name of Complainant: Karen, McPherson Co. Health Telephone Number: (___) _____

Address: _____ City: _____ County: McPherson Co.

Establishment Name: [redacted] ID #: [redacted] Type: 200

Address: [redacted] Owner: [redacted]

Please circle **one** major complaint type:

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

NATURE OF COMPLAINT:

Occurrence Date: 4-22-2006 Occurrence Time: 6:00 AM PM

Group of individuals from McPherson Co. ate at [redacted]. Several became ill. Some hospitalized & testing Positive for Salmonella. Informed RCND Epi & KDHE Epi.

Investigator Comments/Actions: VALID: _____ INVALID: _____ UNDETERMINED: X

D cited: hot hold, date marking, unclean food contact surfaces ~~unlabeled spray bottle~~ DB incorrect toxic item storage.

RECEIVED
MAY 26 2006
Bureau of Consumer Health

Investigator: Darcy Basye ID #: RND3 Date Worked: 4-28-2006

Date Complainant Notified: 4-28-2006 Via: Letter (copy attached) ___ Phone ___ Other X

ORIGINAL INSPECTION REPORT & COMPLAINT REPORT FORMS TO TOPEKA OFFICE

Original–KDHE Topeka

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

Food Service Establishment Inspection Report

JM FPCS Form 905

# of Critical Violations	4
Re-inspection Required	Y (N)
Re-inspection Date	N

Insp. Date: 4-28-2006
Time In: 2:30pm
Time Out: 4:50pm
Travel Time: 15 Min.

Inspector #	ID#	Type	Purpose	RAC: 1 ☐ 2 ☐ 3 ☒
RN03	[redacted]	200	04	

Establishment: [redacted] Owner: [redacted]

Address: [redacted] City: [redacted] KS

County: Reno Zip: [redacted] Phone: ([redacted]

Compliance Status	R	Code Ref	COS	Potentially Hazardous Food Time & Temp Violations Require Immediate Corrective Action	Observation
(Y) N N/O N/A			Y N	1. Cooling	
~~Y~~ (N) N/O N/A			(Y) N	2. Cold Hold (41 F/45 F)	DB not homemade ~~Made in house tartar sauce 48° waitress stated~~
Y (N) N/O N/A		3-501.16A	(Y) N	3. Hot Hold (140 F)	fried chicken Weekend Hothold @ 128°
Y N (N/O) N/A			Y N	4. Proper Cooking Temp PHF	
Y N (N/O) N/A			Y N	5. Reheating for Hot Holding	
Y (N) N/O N/A		3-501.17A	(Y) N	6. Date Marking---PHF	No date mark on pancake mix in RIC (1/25)
(Y) N N/O N/A			Y N	7. Date Marking Disposition	

Food/Location	Temp °F	Amb't Air	Food/Location	Temp °F	Amb't Air	Food/Location	Temp °F	Amb't Air
eggs/3DR Bakery	40°		Cooked potatoes/WIC	40°		green beans/Hot Hold	140°	
egg whites/3DR Bakery	38°		Beef cooling/hr/WK	60°		Corn/Hot Hold	148°	
vanilla filling/2DR	41°		hashbrowns/WIC	38°		mashed potat./Hot Hold	142°	
coco. meringue/2DR	41°		beef soup/Hot Hold	156°		baked pot./Hot Hold	148°	
pie pumpkin/2DR	41°		chicken & noodles/Hot	158°		Chili/Crock	158°	
potato salad/WIC	39°		beef & sauce/Hot hold	142°		hamb. patties/RIC	40°	

Compliance Status	R	Code Ref	COS	Personnel/Handling/Source/Records Violations Require Immediate Corrective Action *(or as directed)*	Observation
(Y) N			Y N	8. Personnel Restricted / Excluded / Reporting	
(Y) N			Y N	9. Discharge from eyes, nose and mouth	
N N/O			Y N	10. Demonstration of Knowledge	MAY 17 2006
(Y) N			Y N	11. Handwashing When	Bureau of Consumer Health
(Y) N N/O			Y N	12. No Bare hand / RTE Foods	
(Y) N			Y N	13. Personnel Practices (Eating / Drinking / Smoking)	
(Y) N			Y N	14. Adulteration / Sound Condition	
(Y) N N/O			Y N	15. Discard Adulterated Foods	
(Y) N			Y N	16. Food Source / Food Law	

Distribution: Department Copy – White Establishment Copy – Pink Inspector Copy – Yellow

Date 4-28-2006 Est.: [redacted] City/Co. [redacted]

Y N N/O N/A			Y N	17. Cross-Contamination Raw & RTE Foods
Y N			Y N	18. Water-Capacity / Hot & Cold
Y N			Y N	19. Water-Under Pressure / Fixtures
Y N N/O N/A			Y N	20. Receiving Temp / Condition
Y N N/A			Y N	21. Records-- tags, HACCP plans, processing, labeling

Compliance Status	R	Code Ref	COS	Facility & Equipment Requirements/Good Retail Practices (GRP) Violations Require Immediate Corrective Action *(or as directed)* Observation
Y N N/O N/A			Y N	22. Pasteurized Foods / Susceptible Population
Y N N/A			Y N	23. Additives / Unapproved
Y N			Y N	24. Insect / Rodent-Presence / Infestation
Y N N/O N/A			Y N	25. Potable Water
Y N			Y N	26. Handwash Sink- No. / Loc / Acc
Y N		4-601.11A	Y N	27. Food Contact Surfaces Clean potato peeler w/ dried food debris from (PM) yesterda
Y N N/O N/A			Y N	28. Food Contact Surfaces Sanitized
Y N			Y N	29. Adequate Warewashing Facilities
Y N N/A N/O			Y N	30. Manual Warewashing / Sanitizing ( ) ppm/temp Not set-up
Y N N/A			Y N	31. Mechanical Warewashing / Sanitizing 200 ppm/temp Quat
Y N		7-201.11B	Y N	32. Toxic Items Stored Spray cleaner for toilet + comet stored w/ toilet pape
Y N			Y N	33. Toxic Items Labeled / Used
Y N			Y N	34. Adequate Sewage / Disposal System
Y N			Y N	35. Toilet Facilities
Y N			Y N	36. Backflow / Airgap
Y N N/A			Y N	37. Consumer Advisory
Y N N/A			Y N	38. Approved Systems (HACCP / Time as PHC)

Good Retail Practices (GRP)
GRP's are preventative measures to control the addition of pathogens, chemicals, and physical objects into food. See Pg. 3

Compliance Status	R	Code Ref	GRP	Compliance Status	R	Code Ref	GRP
Y N		2-304.11	39. Personal Cleanliness	Y N		4-602.13	47. Non-Food Contact Surfaces Clean Frequency
Y N		3-304.12	40. In-Use / Between-Use Utensils Storage	Y N		5-501.15	48. Outside Receptacles
Y N N/O N/A		3-304.14	41. Wiping Cloths	Y N N/O N/A		6-202.13	50. Insect Control Devices
Y N N/O N/A		3-304.15	42. Glove-Use	Y N		6-301.11	51. Soap Availability
Y N N/O N/A		3-401.13	43. Plant Food Cooking	Y N		6-301.12	52. Hand Drying Provisions
Y N N/O N/A		3-501.13	44. Thawing	Y N		6-501.11	53. Physical Facility Condition
Y N		4-302.12	45. Food Temp Measuring Device	Y N		6-501.12	54. Cleaning Frequency See pg 3.
Y N N/A		4-302.14	46. Sanitizer Test Strips	Y N N/O N/A		6-501.112	55. Removing Dead Pests
Y N		4-601.11C	49. Non Food Contact Surfaces Clean	Y N		8-304.11	56. Current License Displayed

Date 4-28-2006 Est.: [redacted]

Sting of Item #	R	Code Ref	COS	Other Violations (Cont.) Violations Require Correction as Indicated	Observation
#54-N			N	soiled floors w/ dried food debris in WIC, dry storage utility closet, retail storage room, ice machine storage room	
N		3-305.11B		buckets of leftover fried chicken sitting on floor of WIC	
N		4-601.11C		used egg box to store packages of cookies	

Inspector Comments / Corrections

raw fish / RIC-38°
ham slices / RIC- 40°
bacon wrapped ham / RIC-41°
fried chicken / Hot hold 8.-152°
pancake mix -90° / RIC - mix @ 2pm *88°
pancake mix / RIC- 44°
horseradish / waitress RIC-40°
lemon meringue - pie cooler - 45°
banana cream / pie cooler 44°
choc. cream / pie cooler 46°
coconut cream / pie cooler 47°
display pie cooler: lemon meringue 42°, choc. cream 42

COMPLIANCE ACTION

NONC Issued Y (N)
Administrative Review Y (N)
RCP Recommended Y (N)
Voluntary Closure Y (N)
Voluntary Destruction (Y) N

RETAIL SALES

1. Is foodservice 50% or greater of total food sales? (YES) NO

% Food Service Sales 90%

MANUFACTURED/PACKAGED FOOD FOR RESALE OUTSIDE ESTABLISHMENT

2. Does facility manufacture packaged foods for **resale outside** establishment? Y (N)

3. Are the sales from manufactured/packaged food greater than 10% but less than or equal to 50% of total food sales? Y (N) 10 %

4. Are the sales from this food greater than 50% of total food sales? Y (N) 10 %

5. Do manufacturing/packaged foods have processing codes? Y (N)

Licensing Information Only
(Initial if Requirements are met.)

Inspector ____
District Mgr. ____
New Facility Y N
Plan Reviewed Y N
In Operation Y N
Operation Begins ____
Complete App Y N
Left Application Y N
Amount Due $ ____
Fees Collected $ ____
Method of Payment:
Check # ____
Cash Discover Card

HANDOUT #s
#9, #8, #4, #5

EDUCATION / TRAINING
Y (N)

SURVEY QUESTION TYPE 200 ONLY

Total # of Seats 138
Smoke Free Facility (Y) N
# of Smoke-free Seats 138

Inspector (Signature) Darcy Basye Peggy Holloway (Print) Darcy Basye Peggy Holloway

Person In Charge (Signature) [redacted] (Print) [redacted]

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

JM

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

VOLUNTARY DESTRUCTION

4-28, 2006 — Hutchinson, Kansas
Date

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 Darcy Basye Inspector, representative of the Kansas Department of Health and Environment.

I hereby release the Kansas Department of Health and Environment, and its members, agents, and representatives from any and all liability.

TOTAL QUANTITY OR TOTAL WEIGHT	TOTAL DOLLAR AMOUNT	DESCRIPTION OF ARTICLES
3lbs		fried chicken

Reason destroyed: adulterated by temp

Method destroyed: in trash & denatured

Location: @ facility

[redacted]
Establishment Name / Firm Name

[redacted]
Address / Location

[redacted]
City, State, Zip Code

[redacted]
Establ[redacted]

X [redacted]
Signature

X Manager
Title

Embargo: ☐ Yes # _____
☒ No

Darcy Basye
Inspector, Department of Health and Environment

Original–KDHE Topeka

RISK ASSESSMENT WORKSHEET

7/05

Establishment Name: [redacted] ID # [redacted]

Address: [redacted] City [redacted]

MENU REVIEW FACTOR

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

Y = 1 POINTS N = 0 POINTS TOTAL 12

PROCESS FACTOR

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

1.	Beverages, prepackaged foods, non potentially hazardous foods only.	1 POINTS
2.	Receive, store, prepare, hold and serve food. No cooking.	5 POINTS
3.	Receive, store, prepare, cook, hold and serve food.	10 POINTS
4.	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.	1 - 100	1 POINTS
2.	101 - 300	5 POINTS
3.	301 - 500	10 POINTS
4.	501 and above	15 POINTS

TOTAL 15

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

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

POINTS GRAND TOTAL 42

Inspector Signature Darcy Basye Inspector ID RWD3 Date 4-28-2006

Original to Topeka Office Copy to Inspector

RODERICK L. BREMBY, SECRETARY

K A N S A S

DEPARTMENT OF HEALTH AND ENVIRONMENT

KATHLEEN SEBELIUS, GOVERNOR

AMENDED INSPECTION REPORT

Date 7-10-2006

ID Number-Type [redacted]

Owner Name [redacted]

Establishment Name [redacted]

Address [redacted]

City [redacted]

Please find enclosed an amended inspection report that was conducted in your establishment on 4-28-2006. The amended sections are highlighted. Please feel free to contact me at 620-694-2900 if you have any questions.

Inspector Name

cc: District Manager
Establishment file

Establishment--Original
Topeka Office--Copy

DIVISION OF HEALTH
Bureau of Consumer Health/Food Protection and Consumer Safety Program
CURTIS STATE OFFICE BUILDING, 1000 SW JACKSON ST., STE. 330, TOPEKA, KS 66612-1274
Phone 785-296-5600 Fax 785-296-6522 http://www.kdhe.state.ks.us/bch

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

Food Service Establishment Inspection Report

JM FPCS Form 905

Amended Inspection Report

Insp. Date	4-28-2006
Time In:	2:30pm
Time Out:	4:50pm
Travel Time	15 Min.

Inspector # ID# Type Purpose [redacted] RAC: 1 ☐ 2 ☐ 3 ☒

# of Critical Violations	4
Re-inspection Required	Y (N)
Re-inspection Date	0

Establishment: [redacted] Owner: [redacted]

Address: [redacted] City: [redacted] KS

County: Reno Zip: [redacted] Phone: [redacted]

Compliance Status	R	Code Ref	COS	Potentially Hazardous Food Time & Temp Violations Require Immediate Corrective Action	Observation
(Y) N N/O N/A			Y N	1. Cooling	
~~Y N N/O N/A~~			(Y) N	2. Cold Hold (41 F (45 F))	BB not homemade ~~made in home for sauce 48° - witness Stake~~
Y (N) N/O N/A		3-501.16A	(Y) N	3. Hot Hold (140 F)	fried chicken West end Hot hold @ 128°
Y N (N/O) N/A			Y N	4. Proper Cooking Temp PHF	
Y N (N/O) N/A			Y N	5. Reheating for Hot Holding	
Y (N) N/O N/A		3-501.17A	(Y) N	6. Date Marking---PHF	No date mark on pancake mix in RIC (1/25)
(Y) N N/O N/A			Y N	7. Date Marking Disposition	

Food/Location	Temp °F	Amb'l Air	Food/Location	Temp °F	Amb'l Air	Food/Location	Temp °F	Amb'l Air
eggs/3DR Bakery	40°		Cooked potatoes/WIC	40°		green beans/Hot Hold	140°	
eggwhites/3DR Bakery	38°		Beef cooling 1hr/WK	60°		corn/Hot Hold	148°	
vanilla filling/2DR	41°		hashbrowns/WIC	38°		mashed potat./Hot Hold	142°	
coconut meringue/2DR	41°		beef soup/Hot Hold	156°		baked pot./Hot Hold	148°	
pumpkin pie/2DR	41°		chicken & noodles/Hot	158°		Chili/Crock	158°	
potato salad/WIC	39°		beef & sauce/Hot hold	142°		hamb. patties/RIC	40°	

Compliance Status	R	Code Ref	COS	Personnel/Handling/Source/Records Violations Require Immediate Corrective Action (or as directed)	Observation
(Y) N			Y N	8. Personnel Restricted / Excluded / Reporting	
(Y) N			Y N	9. Discharge from eyes, nose and mouth	
(Y) N N/O			Y N	10. Demonstration of Knowledge	
(Y) N			Y N	11. Handwashing-When	
(Y) N N/O			Y N	12. No Bare hand / RTE Foods	
(Y) N			Y N	13. Personnel Practices (Eating / Drinking / Smoking)	
(Y) N			Y N	14. Adulteration / Sound Condition	
(Y) N N/O			Y N	15. Discard Adulterated Foods	
(Y) N			Y N	16. Food Source / Food Law	

RECEIVED
MAY 17 2006
Bureau of Consumer Health

Date: 4-28-2006 Est.: [redacted] City/Co. [redacted] RestD ID# [redacted]

Y N N/O N/A			Y N	17. Cross-Contamination Raw & RTE Foods
Y N			Y N	18. Water-Capacity / Hot & Cold
Y N			Y N	19. Water-Under Pressure / Fixtures
Y N N/O N/A			Y N	20. Receiving Temp / Condition
Y N N/A			Y N	21. Records – tags, HACCP plans, processing, labeling

Compliance Status	R	Code Ref	COS	Facility & Equipment Requirements/Good Retail Practices (GRP) Violations Require Immediate Corrective Action *(or as directed)* Observation
Y N N/O N/A			Y N	22. Pasteurized Foods / Susceptible Population
Y N N/A			Y N	23. Additives / Unapproved
Y N			Y N	24. Insect / Rodent Presence / Infestation
Y N N/O N/A			Y N	25. Potable Water
Y N			Y N	26. Handwash Sink: No. / Loc / Acc
Y N		4-601.11A	Y N	27. Food Contact Surfaces Clean potato peeler w/ dried food debris from yesterday (PM)
Y N N/O N/A			Y N	28. Food Contact Surfaces Sanitized
Y N			Y N	29. Adequate Warewashing Facilities
Y N N/A N/O			Y N	30. Manual Warewashing / Sanitizing ( ) ppm/temp Not set-up
Y N N/A			Y N	31. Mechanical Warewashing / Sanitizing 200 ppm/temp Quat
Y N		7-201.18	Y N	32. Toxic Items Stored Spray cleaner for toilet + comet stored w/ toilet paper
Y N			Y N	33. Toxic Items Labeled / Used
Y N			Y N	34. Adequate Sewage / Disposal System
Y N			Y N	35. Toilet Facilities
Y N			Y N	36. Backflow / Airgap
Y N N/A			Y N	37. Consumer Advisory
Y N N/A			Y N	38. Approved Systems (HACCP / Time as PHC)

Good Retail Practices (GRP)
GRP are preventative measures to control the addition of pathogens, chemicals, and physical objects into food.

Compliance Status	R	Code Ref	GRP	Compliance Status	R	Code Ref	GRP
Y N		2-304.11	39. Personal Cleanliness	Y N		4-602.13	47. Non-Food Contact Surfaces Clean Frequency
Y N		3-304.12	40. In-Use / Between-Use Utensils Storage	Y N		5-501.15	48. Outside Receptacles
Y N N/O N/A		3-304.14	41. Wiping Cloths	Y N N/O N/A		6-202.13	50. Insect Control Devices
Y N N/O N/A		3-304.15	42. Glove Use	Y N		6-301.11	51. Soap Availability
Y N N/O N/A		3-401.13	43. Plant Food Cooking	Y N		6-301.12	52. Hand Drying Provisions
Y N N/O N/A		3-501.13	44. Thawing	Y N		6-501.11	53. Physical Facility Condition
Y N		4-302.12	45. Food Temp Measuring Device	Y N		6-501.12	54. Cleaning Frequency See pg 3.
Y N N/A		4-302.14	46. Sanitizer Test Strips	Y N N/O N/A		6-501.112	55. Removing Dead Pests
Y N		4-601.11C	49. Non Food Contact Surfaces Clean	Y N		8-304.11	56. Current License Displayed

Date 4-28-2006 Est.: [redacted] City/Co [redacted] Reno ID# [redacted]

Status or Item #	R	Code Ref	COS	Other Violations (Cont.) Violations Require Correction as Indicated — Observation
#54-N			N	soiled floors w/ dried food debris in WIC, dry storage, utility closet, retail storage room, ice machine storage room
N		3-305.11B		buckets of leftover fried chicken sitting on floor of WIC
N		4-601.11C		used egg box to store packages of cookies

Inspector Comments / Corrections

raw fish / RIC-38°
ham slices / RIC-40°
bacon wrapped ham / RIC-41°
fried chicken / Hot hold 8.-152°
pancake mix-90° / RIC-mix @ 2pm *88°
pancake mix / RIC-44°
horseradish w/ waitress RIC-40°
lemon meringue-pie cooler-45°
banana cream / pie cooler 44°
choc. cream / pie cooler 46°
coconut cream / pie cooler 47°
display pie cooler: lemon meringue 42°, choc. cream 4

COMPLIANCE ACTION

NONC Issued Y (N)
Administrative Review Y (N)
RCP Recommended Y (N)
Voluntary Closure Y (N)
Voluntary Destruction (Y) N

RETAIL SALES

1. Is foodservice 50% or greater of total food sales? (YES) NO
% Food Service Sales 90%

MANUFACTURED/PACKAGED FOOD FOR RESALE OUTSIDE ESTABLISHMENT

2. Does facility manufacture packaged foods for **resale outside** establishment? Y (N)
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(Initial if Requirements are met.)
Inspector ____
District Mgr. ____
New Facility Y N
Plan Reviewed Y N
In Operation Y N
Operation Begins ____
Complete App Y N
Left Application Y N
Amount Due $ ____
Fees Collected $ ____
Method of Payment:
☐ Check # ____
☐ Cash ☐ Discover Card

HANDOUT #s
#9, #8, #4, #5

EDUCATION / TRAINING
Y (N)

SURVEY QUESTION TYPE 200 ONLY
Total # of Seats 138
Smoke-Free Facility (Y) N
# of Smoke-free Seats 138

Inspector (Signature) Darcy Basye Peggy Holloway (Print) Darcy Basye Peggy Holloway

Person In Charge (Signature) [redacted] (Print) [redacted]

Outbreak Registry

Back to Env Form

Contributing Factor

☐ Contributing factors unknown
(Check if no food inspection done or if no critical violations were found during inspection)

[redacted]

RN Co - 4/28/06

Contamination Factors - All Foodborne Outbreaks (check all that apply)

- ☐ N/A
- ☐ C1-Toxic substance part of tissue
- ☐ C2-Poisonous substance intentionally added
- ☑ C3-Substance added accidentally
- ☐ C4-Excessive quantities of ingredients that become toxic
- ☐ C5-Toxic container or pipelines
- ☐ C6-Raw product/ingredient contaminated by animal/environment
- ☐ C7-Ingestion of contaminated raw products
- ☐ C8-Obtaining foods from polluted sources
- ☐ C9-Cross-contamination
- ☐ C10-Bare-handed contact with ready-to-eat food
- ☐ C11-Glove-handed contact with ready-to-eat food
- ☐ C12-Handling by an infected person or carrier
- ☑ C13-Inadequate cleaning of equipment/utensils
- ☑ C14-Storage in contaminated environment
- ☐ C15-Other

Methods of Preparation - All Foodborne Outbreaks (check all that apply)

- ☑ N/A
- ☐ M1-Foods eaten raw or lightly cooked
- ☐ M2-Solid masses of potentially hazardous foods
- ☐ M3-Multiple foods
- ☐ M4-Cook/serve foods
- ☐ M5-Natural toxicant
- ☐ M6-Roasted meat/poultry
- ☐ M7-Salads prepared with one or more cooked ingredients
- ☐ M8-Liquid or semi-solid mixtures of potentially hazards foods
- ☐ M9-Chemical contamination
- ☐ M10-Baked goods
- ☐ M11-Commercially processed foods
- ☐ M12-Sandwiches/hamburgers/hot dogs
- ☐ M13-Beverages, including milk and juice
- ☐ M14-Salads with raw ingredients
- ☐ M15-Other
- ☐ M16-Unknown, vehicle was not identified

Proliferation/Amplification Factors - Bacterial outbreaks only (check all that apply)

- ☐ N/A
- ☐ P1-Allowing good to remain at room temp for several hours
- ☐ P2-Slow cooling
- ☐ P3-Inadequate cold-holding temperatures
- ☐ P4-Preparing foods a half day or more before serving
- ☑ P5-Prolonged cold storage for several weeks
- ☑ P6-Insufficient time and/or temperature during hot holding
- ☐ P7-Insufficient acidification
- ☐ P8-Insufficiently low water activity
- ☐ P9-Inadequate thawing of frozen products
- ☐ P10-Anaerobic packaging/modified atmosphere
- ☐ P11-Inadequate fermentation
- ☐ P12-Other

Survival Factors - Microbial outbreaks only (check all that apply)

- ☑ N/A
- ☐ S1-Insufficient time and/or temperature during initial cooking/heat processing
- ☐ S2-Insufficient time and/or temperature during reheating
- ☐ S3-Inadequate acidification
- ☐ S4-Insufficient thawing, followed by insufficient cooking
- ☐ S5-Other