Food Establis	shme	nt Inspecti	on Report	
Kansas City Health Department		k Factor/Intervent k Factor/Intervent		Date: Nov 06, 201 Time In: 12:15 P Time Out: 12:45 P
Establishment Royals Aramark C-221 (Hot Corner Grill/Papa John's Pizza/Royals All Star Barbeque) Address 1 Royal Way Kansas City MO 64129 Star Barbeque		City/State Kansas City / MO	Zip Code 64129	Telephone (816) 504-4000
License/Permit # Permit Holder 104188 Aramark Sports & Entertainment		Purpose of Inspection Follow-Up	Risk Cat Medium	Est. Type Restaurant/Deli
FOODBORNE ILLNESS RISK IN=in compliance OUT=not in compliance N/O=not observed				
IN=in compliance OUT=not in compliance N/O=not observed Compliance Status	COS F		orrected on-site during	
Supervision PIC present, demonstrates knowledge, and perform duties Employee Health Management awareness; policy present		Potentia 16 Proper 17 Proper 18 Proper 18 Proper 18 Proper 18 Proper 19 Proper 19		s for hot holding
Proper use of reporting, exclusion & restriction Good Hyglenic Practice Proper eating, tasting, drinking, or tobacco use No discharge from eyes, nose, and mouth	\mathbb{H}	20 Proper of	old holding tempera ate marking & dispo a public health cont	tures Sosition State
Preventing Contamination by Hands Hands clean & properly washed No bare hands contact with RTE foods or approved alternate method properly followed Adequate handwashing facilities supplied &		23 Consume foods	lighly Susceptible	for raw or undercooked
Approved Source Food obtained from approved source Food received at proper temperature Food in good condition, safe, & unadulterated Required records available: shellstock tags, parasited destruction		26 Toxic sub Confo	rmance with Appro	properly used entifled, stored, & used
Protection from Contamination Food separated & protected Food-contact surfaces: cleaned & sanitized Proper disposition of returned, previously served, reconditioned, & unsafe food		as the most pre or injury. Public	valent contributing	es or procedures identified factors of foodborne illness ns are control measures to ess or injury.
	ntrol the a	L PRACTICES Iddition of pathogens, chi S=corrected on-site during		ojects into foods. R=repeat violation
Safe Food and Water Pasteurized eggs used where required Water & ice from approved source		1 353	Proper Use of U ils: properly stored ipment & linens: pro	perly stored, dried, &
Variance obtained for specialized processing methods Food Temperature Control Proper cooling methods used; adequate equipment for		43 Single-use & used		es: properly stored &
temperature control Plant food properly cooked for hot holding Approved thawing methods used			nsils, Equipment a	and Vending s cleanable, properly
Thermometers provided & accurate Food Indentification	Ш	designed, cor	structed, & used	maintained, & used;
Food properly labeled; original container			tact surfaces clean	
Prevention of Food Contamination Insects, rodents, & animals not present Contamination prevented during food preparation, storage & display		49 Plumbing Inst	Physical Facili iter available; adequalled; proper backfloste ste properly dispose	ate pressure
Personal cleanliness Wiping cloths: properly used & stored Washing fruits & vegetables		51 Tollet facilities cleaned	s: properly dispose use properly dispose	ted, supplied, &
<u> </u>		maintained	ies installed, mainta	

54 Adequate ventilation & lighting; designated areas used

F	ood Establishment I	nspection Rep	ort	
As Governed by Kansas City Health Department	License/Permit #			Date: Nov 06, 20: Time In: 12:15 F
2400 Troost Unit # 3200 Kansas City MO 64108 (816) 513-6315	104188		Ī	ime Out: 12:45 P
Establishment Royals Aramark C-221 (Hot Corner Grill/Papa John's Pizza/Royals All Star Barbeque)	Address 1 Royal Way Kansas City MO 64129	City/State Kansas City / MO	Zip Code 64129	Telephone (816) 504-4000
	TEMPERATURE OBS	RVATIONS		
	No temperatures observations were	recorded for this inspection		

Question **Item** Number Number

Critical Violations are indicated by an asterisk (*).
Violations cited in this report must be corrected within the time frames below, or as stated in the Food Code.

GENERAL COMMENTS

Re-inspection following a complaint Investigation on 11/3/2014.

The following violation has been corrected:

11 3-101.11 Safe/unadulterated food items: All food items removed at time of re-inspection. No food being stored in hot boxes.

A re-inspection fee of \$183.00 was assessed at the time of the inspection (Invoice No. 408402).

Follow-up Required:

No

Signature Date: Nov 06, 2014

Signed paper copy

Person in Charge: John Inspector: Eric Dean

		Food Establish	ım	1e	nt	In	spectio	n Report		
Kai 240 Kai	Governed by nsas City Health Dep 00 Troost Unit # 320 nsas City MO 64108 .6) 513-6315	No. of Rene	of	Risk	k Fa	ctor	'Interventio	n Violations : 0 n Violations : 0	Date: Nov 1 Time In: 1 Time Out: 1	2:15 PN
711	ablishment	Address			City	y/St	ate	Zip Code	Telephone	
1	als Aramark C-234	1 Royal Way					City / MO	64129	(816) 504-4000	
	ot Corner Grill/Papa	Kansas City MO 64129							The to work of	
	n's Pizza)		_							
	ense/Permit #	Permit Holder				pos		Risk Cat	Est. Type	
104	1187	Aramark Sports & Entertainment				pect ow-L		Medium	Restaurant/Deli	
\vdash		FOODBORNE ILLNESS RISK FA	ACT					TH INTERVENTION	ONS	
IN=	in compliance OUT =not	in compliance N/O=not observed	N	/A=	not a	applica	ble COS=cor	rected on-site during	inspection R=repeat v	riolation
	Compliance Status		СО	SR		С	ompliance S	tatus		COS F
SEV		Supervision			1 1	1000		•	od Time/Temperature	
1		ionstrates knowledge, and perform	s	Ш	П	16	3.5	oking time & tem		\perp
	duties	mployee Health	_	-	H	17	_	heating procedure		
2		reness; policy present		П	П	18		oling time & temp		
3	Proper use of rep	orting, exclusion & restriction		77	Н	19		t holding tempera		-
	Good	Hygienic Practice			П	20	-	ld holding temperate marking & disp		+
4		sting, drinking, or tobacco use				22	-		trol: procedures &	+
5	No discharge from	n eyes, nose, and mouth				6.6	records	pablic ricaler con	eror. procedures a	ш
sara		Contamination by Hands			1	6=314		Consumer A		
6	Hands clean & pro		H		Н	23		r advisory provide	d for raw or undercooke	d
7		ntact with RTE foods or approved properly followed		Ш	-		foods	ghly Susceptible	- Bonulations	
8		ashing facilities supplied &				24			phibited foods not offere	аП
J. T. S.	accessible		_	_		The state of		Chemic		
U.S.		pproved Source				25	Food addi	tives: approved &		
9	-	m approved source	Ш			26	Toxic subs	stances properly id	dentified, stored, & used	
10		proper temperature					Confor	mance with App	roved Procedures	
11		dition, safe, & unadulterated		00		27			specialized process, &	
12	destruction	available: shellstock tags, parasite	Ш	Ш	-	-	HACCP pla	an		
		n from Contamination				[B	ck factors a	ra impropor practi	ces or procedures identi	find
13	Food separated &	protected							factors of foodborne ill	
14	Food-contact surf	aces: cleaned & sanitized				or	3 /		ons are control measure	es to
15		of returned, previously served,					pre	event foodborne III	Iness or injury.	
_	reconditioned, & u		D DI	ETA	TI D	DDAC	TICES			
	Good Retail Pr	ractices are preventative measures to co						micals, and physical	objects into foods.	
		'X' are not in compliance		CO	S=C	correct	ed on-site durin		R=repeat violat	<u>ion</u>
20		Food and Water		_			In use utensi	Proper Use of ls: properly stored		
28 29	Pasteurized eggs use Water & ice from app		H	=		41 42			properly stored, dried, &	++-
30		specialized processing methods	H	=		74	handled	pinent a intens. p	roperty storea, arica, a	ш
20		emperature Control	ш	긕	1	43		single-service arti	cles: properly stored &	
31		ds used; adequate equipment for		ᆲ			used			
77/	temperature control		_	-1	Ľ	44	Gloves used p			
32	Plant food properly co	ooked for hot holding				45		nsils, Equipment	_	
33	Approved thawing me	ethods used			1	45		istructed, & used	es cleanable, properly	ш
34	Thermometers provid				2	46			d, maintained, & used;	
225		d Indentification	_	_			test strips			
35	Food properly labeled		Ш	4	4	47	Non-food con	tact surfaces clear		
26		of Food Contamination		-,			11-1-0	Physical Fac		-
36 37	Insects, rodents, & au	nted during food preparation,	H	\dashv				iter available; ade		
31	storage & display	nica during rood preparation,	ш	-1				alled; proper back		
38	Personal cleanliness		П		13	50		ste properly dispo		
39	Wiping cloths: proper	ly used & stored		7	1		Tollet facilities	s: properly constru	ucted, supplied, &	910
40	Washing fruits & vege	1			1			fuse properly dispe	osed; facilities	
	_					1000	maintained			ш
					3	53	Physical facilit	iles installed, mair	ntained, & clean	
					15	54	Adequate ven	tilation & lighting;	designated areas used	

Food Establishment Inspection Report As Governed by License/Permit # Date: Nov 10, 2014 Kansas City Health Department Time In: 12:15 PM 2400 Troost Unit # 3200 104187 Time Out: 12:30 PM Kansas City MO 64108 (816) 513-6315 Establishment Address Zip Code City/State Telephone Royals Aramark C-234 (Hot Corner 1 Royal Way Kansas City / MO (816) 504-4000 64129 Grill/Papa John's Pizza) Kansas City MO 64129 **TEMPERATURE OBSERVATIONS** No temperatures observations were recorded for this inspection

OBSERVATIONS AND CORRECTIVE ACTIONS

Violations cited in this report must be corrected within the time frames below, or as stated in the Food Code.

Question Item Critical Violations are indicated by an asterisk (*).

GENERAL COMMENTS

This is a re-inspection following the complaint investigation on 11/3/2014.

All of the following violations have been corrected:

45. 4-501.11 Equipment not in good repair: observed no ice buildup in walk-in freezer.

54. 6-403.11 Employee accommodations not clearly designated for eating/drinking/smoking: no employee beverages were observed in the concession stand.

A re-inspection fee of \$183.00 has been assessed; invoice #408401

Follow-up Required:

Number

Number

No

Signature Date: Nov 10, 2014

Signed Paper Copy

Person in Charge: Jon Sutton

K. Kruege

Inspector: Kathryn Kruege

		Food Establis	hme	nt Iı	rspecti	on Report		
Ka 24 Ka	nsas 00 T nsas	/erned by No	. of Risl	k Facto	r/Interven	tion Violations: 0 tion Violations: 0	Date: Nov Time In: Time Out:	12:30 PM
Roy (Ho Gri Bar	table vals of Collection (Collection)	Address Aramark C-422 1 Royal Way Forner Kansas City MO 64129 Forner Kansas City MO 64129 Forner For		City/S Kansas	itate Gity / MO	Zip Code 64129	Telephone (816) 504-4000	
	ens 1203			Purpo: Inspec	ction	Risk Cat Medium	Est. Type Restaurant/Deli	
_		Entertainment FOODBORNE ILLNESS RISK F		Follow-		ALTH INTERVENTIO	NS	
IN:	in co	mpliance OUT=not in compliance N/O=not observed				corrected on-site during		t violation
-		pliance Status	COS R	1	Compliance			COS R
		Supervision	000 1				d Time/Temperatu	
1		PIC present, demonstrates knowledge, and perform	ıs 📗	16	Proper	cooking time & temp	eratures	
_		duties		17	Proper	reheating procedures	s for hot holding	
2		Employee Health		18	Proper	cooling time & tempe	eratures	
		Management awareness; policy present		19	Proper	hot holding temperat	tures	
3		Proper use of reporting, exclusion & restriction	ш	20	Proper	cold holding tempera	itures	
4		Good Hygienic Practice Proper eating, tasting, drinking, or tobacco use		21		date marking & dispo		
5		No discharge from eyes, nose, and mouth		22		s a public health cont	rol: procedures &	
_	_	Preventing Contamination by Hands			record	Consumer A	dulaam.	
6		Hands clean & properly washed	$\Gamma\Gamma$	23	Consur		d for raw or undercool	ked
7		No bare hands contact with RTE foods or approved		120	foods	ner davisory provided	a for faw or undercoor	KCG
		alternate method properly followed				Highly Susceptible	Populations	
8	IN	Adequate handwashing facilities supplied &		24	Pasteu	rized foods used; pro	hibited foods not offer	red 🔲
_		accessible	(94)30 - 555			Chemica	ıls	
0		Approved Source Food obtained from approved source		25		dditives: approved &		
9			+	26	Toxic s	ubstances properly id	entified, stored, & us	ed
10 11	TN	Food received at proper temperature Food in good condition, safe, & unadulterated	+			formance with App		75 (0.0)
12	-11	Required records available: shellstock tags, parasite destruction		27	Compli- HACCP	ance with variance, s plan	pecialized process, &	Ш
13		Protection from Contamination Food separated & protected	Ш	a	s the most p	revalent contributing	es or procedures ider factors of foodborne	Illness
14		Food-contact surfaces: cleaned & sanitized					ons are control measu	res to
15		Proper disposition of returned, previously served,				prevent foodborne illi	ness or injury.	
		reconditioned, & unsafe food	D DETA	TI DDA	CTICEC			4.01
	Nun	Good Retail Practices are preventative measures to conbered items marked 'X' are not in compliance		addition	of pathogens,	chemicals, and physical ouring inspection	objects into foods. R =repeat viol	ation
		Safe Food and Water				Proper Use of		
28		steurized eggs used where required	+	41		nsils: properly stored		
29	_	ater & ice from approved source		42	handled	quipment & iinens: pi	roperly stored, dried,	$^{\circ}$ \Box
30	Va	riance obtained for specialized processing methods	Щ	43		& single-service artic	les: properly stored 8	
	D	Food Temperature Control		140	used	a single service artic	ics. property stored t	`
31		oper cooling methods used; adequate equipment for nperature control	ш	44	Gloves use	ed properly		
32		nt food properly cooked for hot holding	\Box		ι	Itensils, Equipment	and Vending	
33		proved thawing methods used	H	45	Food & nor	n-food contact surface	es cleanable, properly	
34	_	ermometers provided & accurate	H	77674		constructed, & used	TOTAL TOTAL	
5.7)		Food Indentification		46	Warewashi test strips	ing facilities: Installed	, maintained, & used;	Ш
35	Fo	od properly labeled; original container		47		contact surfaces clean		
		Prevention of Food Contamination		17		Physical Fac		
36	Ins	ects, rodents, & animals not present		48	Hot & cold	water available; adec		
37	Co	ntamination prevented during food preparation,		49		nstalled; proper backi		
	sto	rage & display		50		waste properly dispos		
38	Per	sonal cleanliness		51		ties: properly constru		-
39	Wi	ping cloths: properly used & stored		-	cleaned	property constitu	,	اللبا
40	Wa	shing fruits & vegetables		52		refuse properly dispo	sed; facilities	
				53				

Physical facilities installed, maintained, & clean

54 Adequate ventilation & lighting; designated areas used

F	ood Establishment I	nspection Rep	ort	
As Governed by Kansas City Health Department	License/Permit #			Date: Nov 10, 201 Time In: 12:30 PM
2400 Troost Unit # 3200 Kansas City MO 64108 (816) 513-6315	104203		Ţ	ime Out: 12:45 PN
Establishment Royals Aramark C-422 (Hot Corner Grill/Royals All Star Barbeque/Crown Classics/Sweet Spot)	Address 1 Royal Way Kansas City MO 64129	City/State Kansas City / MO	Zip Code 64129	Telephone (816) 504-4000
retuce to a	TEMPERATURE OBSI	RVATIONS		
	No temperatures observations were	ecorded for this inspection		

 Question
 Item
 Critical Violations are indicated by an asterisk (*).

 Number
 Number
 Violations cited in this report must be corrected within the time frames below, or as stated in the Food Code.

GENERAL COMMENTS

This is a re-inspection following the complaint investigation on 11/3/2014.

The following critical and non-critical violations have been corrected:

- 8. 5-205.11 Use of a handwashing facility: observed hand wash sinks to be free of all objects.
- 11. 3-101.11 Safe, unadultered food: observed no food items left out of temperature controls.

A re-inspection fee of \$183.00 has been assessed; invoice #408413

Follow-up Required:

No

Signature Date: Nov 10, 2014

Signed Paper Copy

Person in Charge: Jon Sutton

Signed Paper Copy

Inspector: Kathryn Krueger

			Food Establis	hmei	nt Inspecti	on Report	
Kar 240 Kar	nsas 00 T nsas	verned by City Health Deproost Unit # 320 City MO 64108	No of Pen	o. of Risk	x Factor/Intervent	ion Violations: 0	Date: Nov 10, 2014 Time In: 12:15 PM Time Out: 01:30 PM
Est	abl	ishment Aramark Main	Address 1 Royal Way Kansas City MO 64129		City/State Kansas City / MO	Zip Code 64129	Telephone (816) 504-4000(2)
Lic		e/Permit #	Permit Holder Aramark Sports & Entertainment		Purpose of Inspection Follow-Up	Risk Cat Medium	Est. Type Restaurant/Deli
TNI	-in co	maliance OUT-not	FOODBORNE ILLNESS RISK F	FACTORS	AND PUBLIC HEA		
-		mpliance OUT=not	In compliance N/O=not observed	10015	not applicable COS=0		
⊢	Con	pliance Status	Supervision	COS R			COS R od Time/Temperature
- 1		PIC present, dem duties	onstrates knowledge, and perform	ns 🔲	16 Proper	cooking time & tem	peratures
			nployee Health		1 1/200	reheating procedure	
2			reness; policy present		1000	cooling time & temp hot holding tempera	
3		Proper use of repo	orting, exclusion & restriction		13 Nov. 1	cold holding temper	
			Hygienic Practice	-	The second second	date marking & disp	
5			ting, drinking, or tobacco use eyes, nose, and mouth		155	a public health con	
		Preventing	Contamination by Hands	- Contraction	rccords	Consumer A	dvisorv
6 7			ntact with RTE foods or approved		foods	ner advisory provide	d for raw or undercooked
8			properly followed shing facilities supplied &		2,930		hibited foods not offered
-		accessible An	proved Source		Tood or	Chemic	
9		The second secon	m approved source		12:03	iditives: approved &	dentified, stored, & used
10		Food received at p	proper temperature				roved Procedures
11 12	IN		lition, safe, & unadulterated available: shellstock tags, parasit		100	nce with variance,	specialized process, &
		destruction	available: Shelistock tags, parasic	السلاء	TIACCE	pian	
13			n from Contamination				ces or procedures identified
14	IN	Food separated &	aces: cleaned & sanitized	++1			g factors of foodborne Illness ons are control measures to
15	114		of returned, previously served,	Ш		prevent foodborne il	
					IL PRACTICES addition of pathogens, of	chemicals, and physical	objects into foods.
	Nur	nbered Items marked '	X' are not in compliance		S=corrected on-site du		R=repeat violation
28	Pa	steurized eggs used	Food and Water 1 where required		41 In-use uter	nsils: properly store	1
29		ater & ice from app		++1	(20)		properly stored, dried, &
30	-		specialized processing methods	H	handled		25 - 1.9
		Food Te	emperature Control		43 Single-use used	& single-service arti	cles: properly stored &
31			ds used; adequate equipment for		44 Gloves use	d properly	
32		nperature control	ooked for hot holding			tensils, Equipmen	t and Vending
33	-	proved thawing me			45 Food & non	-food contact surfac	es cleanable, properly
34	-	ermometers provid				constructed, & used	
			I Indentification		46 Warewashii test strips	ng facilities: installe	d, maintained, & used;
35	Fo	od properly labeled	; original container			ontact surfaces clea	n T
		Prevention	of Food Contamination		3 400	Physical Fac	cilities
36		sects, rodents, & ar		ш	48 Hot & cold	water available; ade	quate pressure
37			ited during food preparation,	Ш	3430	stalled; proper back	
38	_	rage & display			(A) (A)	waste properly dispo	
39		ping cloths: proper	v used & stored	H		les: properly constr	ucted, supplied, &
40		ashing fruits & vege		Ш		refuse properly disp	osed; facilities
				0	maintained 53 Physical fac	ilities installed, mai	ntained & clean
					-555 SC		designated areas used
					Neutra		3

Food Establishment Inspection Report License/Permit #

As Governed by Kansas City Health Department

2400 Troost Unit # 3200 Kansas City MO 64108

104175

Date: Nov 10, 2014 Time In: 12:15 PM

Time Out: 01:30 PM

(816) 513-6315

Establishment Royals Aramark Main Kitchen Address 1 Royal Way Kansas City MO 64129

City/State Kansas City / MO **Zip Code** 64129

Telephone

(816) 504-4000

TEMPERATURE OBSERVATIONS

No temperatures observations were recorded for this inspection

OBSERVATIONS AND CORRECTIVE ACTIONS

Question Item Number Number Critical Violations are indicated by an asterisk (*).

Violations cited in this report must be corrected within the time frames below, or as stated in the Food Code.

GENERAL COMMENTS

Reinspection from a complaint on 11-3-14.

The follwing violations have been corrected.

11 3-202.15 Packaged Integrity

Damaged can goods have been removed from dry storage.

14 4-602.11 Food contact equipment clean

Food contact equipment has been clean and stored clean, table mounted can opener fryers at fryer station, coffee dispenser, floor mixer, meat slicer, utensils.

37 3-305.11 Food being properly stored Bulk dry food bins have lids on bins.

41 3-304.12 In use utensils properly stored Proper scoop being used for sugar bin.

45 4-101.11 Utensil/ food contact surfaces smooth durable Damaged utensils have been discarded.

46 4-301.13 Drainboards

Dirty food contact equipment, dishes have been clean and moved from warewashing area. Warewasher still cleaning onsite remaining dishes.

54 6-403.11 Employee clearly designated areas

No employee drinks being stored in reach freezers or clean equipment storage racks.

A \$241.00 reinspection fee has been assessed with this reinspection invoice #408410

Follow-up Required:

No

Signature Date: Nov 10, 2014

Sign Paper copy

Person in Charge: John Sutton Inspector: Robert S Gilliland

http://www.inspectionsonline.us/mo%5cusakansascity%5cinspect.nsf/xxvw AllDocs/C3... 11/10/2014

	Food Es	stablish	mer	nt Ins	spectio	n Report		
As Governed Kansas City H 2400 Troost L Kansas City M (816) 513-63	l by ealth Department Jnit # 3200 IO 64108	No. o	of Risk	Factor/	Interventio	n Violations: 0 n Violations: 0	Date: Nov 1 Time In: 1 Time Out: 0	2:15 PM
Establishme Royals Arama Stadium Club Bar & Grill)	nt Address rk 1 Royal Way	64129		C ity/St a Kansas (ate City / MO	Zip Code 64129	Telephone (816) 504-4000	
License/Per 104177	mit # Permit Holder Aramark Sports Entertainment	&	I	Purpose Inspect	ion	Risk Cat Medium	Est. Type Restaurant/Deli	
	FOODBORNE ILLN	ESS RISK FA				TH INTERVENTION	NS	
		not observed				rected on-site during	inspection R=repeat v	_
Compliance	Supervision		COS R	C	mpliance S		od Time/Temperature	COS R
1 PIC pr	esent, demonstrates knowledge,	and performs		16 17	Proper co	ooking time & temp heating procedure	peratures	H
	Employee Health			18	-	ooling time & temp		+
100	ement awareness; policy presen			19	-	t holding tempera		H
3 Proper	use of reporting, exclusion & re	striction	Ш	20	Proper co	ld holding tempera	atures	
4 IN Proper	Good Hygienic Practice eating, tasting, drinking, or tob	acco use		21	Proper da	ite marking & disp	osition	
5 No dis	charge from eyes, nose, and mo	uth	T	22	Time as a records		trol: procedures &	
	reventing Contamination by F clean & properly washed	lands		22	C	Consumer A	-	
7 No bar	e hands contact with RTE foods ate method properly followed	or approved	Ħ	23	foods	ighly Susceptible	d for raw or undercooke	u
8 Adequ	ate handwashing facilities supplie	ed & [24		ed foods used; pro	hibited foods not offere	d 🔲
access	Approved Source			25	E d d d	Chemica		
9 Food o	btained from approved source			25 26 I	_	tives: approved &	properly used dentified, stored, & used	++-
10 Food r	eceived at proper temperature	ĺ		20			roved Procedures	
	n good condition, safe, & unadult			27			pecialized process, &	
12 Requir destru	ed records available: shellstock t ction	ags, parasite	Ш		HACCP pl	an		
	Protection from Contaminati	on		RI	sk factors a	re Improper practi	ces or procedures identi	fied
-271	eparated & protected ontact surfaces: cleaned & saniti	70d	+				factors of foodborne ill	
TOTAL CONTRACTOR	disposition of returned, previous		+			event foodborne ill		.5 10
	itioned, & unsafe food	ny serveu,		1				
	Good Retail Practices are preventative ems marked 'X' are not in compliance Safe Food and Water	measures to conf	trol the a				R=repeat violat	ion
	d eggs used where required	[0.000		ls: properly stored		
267	ce from approved source bbtained for specialized processin	g methods	+	-1011	Utensils, equ handled	lpment & linens: p	roperly stored, dried, &	Ш
	Food Temperature Control	_			Single-use & used	single-service arti	cles: properly stored &	
	ire control	dipment for [44	Gloves used	properly		
32 Plant food	properly cooked for hot holding			0322		nsils, Equipment		
	thawing methods used					ood contact surrac istructed, & used	es cleanable, properly	
34 Thermome	eters provided & accurate		Ш	46	Warewashing		d, maintained, & used;	
35 Food prop	Food Indentification erly labeled; original container	T		2.7	est strips	tact surfaces clear		
SCAL	revention of Food Contamina	tion		34	1000 001	Physical Fac		
	odents, & animals not present			48	Hot & cold wa	ater available; ade		П
	ation prevented during food prepared	aration,		1.00000		alled; proper back		П
storage & Personal c				(2002 - 1		ste properly dispo-		
200	ths: properly used & stored		+		Foilet facilitie :leaned	s: properly constru	ucted, supplied, &	
	ruits & vegetables			52		fuse properly dispo	osed; facilities	
				1000000 000		ties installed, mair	ntained, & clean	
				0.000			designated areas used	

Food Establishment Inspection Report

As Governed by Kansas City Health Department

2400 Troost Unit # 3200

104177

License/Permit #

Date: Nov 10, 2014 Time In: 12:15 PM

Time Out: 01:30 PM

Kansas City MO 64108 (816) 513-6315

Bar & Grill)

Establishment A Royals Aramark Stadium Club (.390 1

Address 1 Royal Way Kansas City MO 64129 City/State Kansas City / MO Zip Code 64129 **Telephone** (816) 504-4000

is City / MO 64129 (816)

TEMPERATURE OBSERVATIONS

No temperatures observations were recorded for this inspection

OBSERVATIONS AND CORRECTIVE ACTIONS

Question Item

Critical Violations are indicated by an asterisk (*).

Number Number

Violations cited in this report must be corrected within the time frames below, or as stated in the Food Code.

GENERAL COMMENTS

Reinspection following a complaint on 11-3-14

All critical violations non critical violations have been corrected.

4 2-401.11 Employee drinks

No employee drinks stored on racks, dish machine or counters throughout kitchen.

14 4-601.11 Food contact equipment clean to sight and touch

Reach in cooler is cleaned.

Prep tables, carts drain boards cleaned.

26 7-201.11 Chemical separation

All chemicals are being properly stored in kitchen.

reinspection fee of \$183.00 has been assessed with this reinspection invoice# 408411

Follow-up Required:

No

Signature Date: Nov 10, 2014

Sign Paper COPY

Person in Charge: John Sutton

Papercopy

Inspector: Robert S Gilliland

		Food Establis	hmer	nt Inspe	ction Report	
Kansa 2400 Kansa	overned by as City Health Dep Troost Unit # 320 as City MO 64108 513-6315 🕏	partment No. of Po-		•	vention Violations: 0 vention Violations: 0	Date: Nov 10, 201 Time In: 12:15 Pi Time Out: 01:30 Pi
Estab Royals (Hot C Works	lishment s Aramark C-417 Corner Grill/Fry s/Crown	Address 1 Royal Way Kansas City MO 64129		City/State (ansas City /	Zip Code MO 64129	Telephone (816) 504-4000€
	cs/Sweet Spot)					
Licen: 10420	se/Permit # 4	Permit Holder Aramark Sports & Entertainment	I	Purpose of nspection follow-Up	Risk Cat Medium	Est. Type Restaurant/Deli
IN=in c	compliance OUT =not	FOODBORNE ILLNESS RISK F in compliance N/O=not observed			OS=corrected on-site during	
	mpliance Status	in compliance in a more observed	COS R		ance Status	COS F
1	PIC present, dem duties	Supervision onstrates knowledge, and perforn		Pot 16 Pr		od Time/Temperature peratures
2		mployee Health reness; policy present			oper cooling time & temp	
3		orting, exclusion & restriction		_	oper hot holding tempera	
0200		Hygienic Practice		_	oper cold holding temper oper date marking & disp	
		iting, drinking, or tobacco use	\mathbf{H}	_	ne as a public health cor	
5		eyes, nose, and mouth Contamination by Hands	Ш	rec	ords	
6	Hands clean & pro			23 Co	Consumer A sumer advisory provide	dvisory d for raw or undercooked
7		ntact with RTE foods or approved		foo	ds	
8	alternate method Adequate handwa	properly followed shing facilities supplied &		24 Pas		hibited foods not offered
		proved Source	g-165	25 Foo	Chemic d additives: approved &	
9	Food obtained from			A Service Control of the Control of		dentified, stored, & used
0 TN	Food received at p		+		onformance with App	roved Procedures
1 IN 2		ition, safe, & unadulterated available: shellstock tags, parasite			npliance with variance, s CCP plan	pecialized process, &
15-1		from Contamination		Risk fact	tors are improper practi	ces or procedures identified
3	Food separated &		Ш	as the mo	st prevalent contributing	factors of foodborne illness
4 IN 5		ices: cleaned & sanitized of returned, previously served, insafe food	Ш	or Injury.	prevent foodborne ill	ons are control measures to ness or injury.
		GOO		PRACTICES		
Nur		actices are preventative measures to co X' are not in compliance	COS	ecorrected on-sit	ns, chemicals, and physical e during inspection	R=repeat violation
2 21		Food and Water			Proper Use of	
	steurized eggs used ater & ice from appr		H	1.1700	utensils: properly stored s, equipment & linens: p	
_		specialized processing methods	H	handled		roperty stored, dried, &
		mperature Control	<u></u>		use & single-service artic	cles: properly stored &
	oper cooling method	Is used; adequate equipment for		used 44 Gloves	used properly	
_	mperature control	alread for bot bolding		dioves	Utensils, Equipment	and Vending
_	ant food properly coo proved thawing met		+	45 Food &	non-food contact surface	
0.0	ermometers provide		+	designe	d, constructed, & used	
	Food	Indentification		46 Warewa test stri	ishing facilities: Installed ps	, maintained, & used;
Foo	od properly labeled;			47 Non-foo	d contact surfaces clean	
Ins		of Food Contamination		WAX	Physical Fac	
_	sects, rodents, & ani	red during food preparation,		CARRY 1	old water available; adec	
	rage & display	as saring roos propuration/		-	g installed; proper backf& waste properly dispos	
_	sonal cleanliness				cilities: properly constru	
	oing cloths: properly			cleaned		
l Wa	shing fruits & veget	aules		maintair		The Management
				53 Physical	facilities installed, main	ained, & clean

54 Adequate ventilation & lighting; designated areas used

Food Establishment Inspection Report

As Governed by

Kansas City Health Department

2400 Troost Unit # 3200 Kansas City MO 64108

104204

License/Permit #

Date: Nov 10, 2014 Time In: 12:15 PM

Time Out: 01:30 PM

(816) 513-6315 Establishment

Royals Aramark C-417 (Hot Corner

Address 1 Royal Way

Kansas City MO 64129

City/State Kansas City / MO Zip Code 64129

Telephone (816) 504-4000

Grill/Fry Works/Crown Classics/Sweet Spot)

TEMPERATURE OBSERVATIONS

No temperatures observations were recorded for this inspection

OBSERVATIONS AND CORRECTIVE ACTIONS

Question Item Number Number Critical Violations are Indicated by an asterisk (*).

Violations cited in this report must be corrected within the time frames below, or as stated in the Food Code

GENERAL COMMENTS

Reinspection from a complaint on 11-3-14

All critical and non critical violations have been corrected.

4 2-401.11 Employee drinks

No employee drinks stored on counters or prep tables.

11 3-101.11 Safe unadulterated

Dressing food packets not stored in stand at time of inspection.

14 4-601.11 Food contact surfaces clean to sight and touch

Ice cream freezer and ice machine have been clean all equipment was turn off not being used.

21 3-501.17 Datemarking

No foods left in stand.

a \$183.00 reinspection fee has been assessed with this reinspection invoice #408412

Follow-up Required:

No

Signature Date: Nov 10, 2014

Sign Paper co by

Person in Charge: John Sutton

Inspector: Robert S Gilliland

Food Establish	hmer	nt Inspectio	n Report	
As Governed by Kansas City Health Department	of Risk	Factor/Intervention	n Violations: 0	Date: Nov 10, 2014 Time In: 12:30 PM Time Out: 12:45 PM
Establishment Address Chiefs Aramark Stand 1 Arrowhead Dr		City/State Cansas City / MO	Zip Code 64129	Telephone (816) 920-9330
103A Kansas City MO 64129 License/Permit # 104873 Permit Holder Aramark Sports & Entertainment, LLC	I	Purpose of Inspection Follow-Up	Risk Cat Medium	Est. Type Restaurant/Deli
FOODBORNE ILLNESS RISK FA	ACTORS	AND PUBLIC HEALT		
IN=in compliance OUT=not in compliance N/O=not observed		ot applicable COS=cor		
Compliance Status	COS R	Compliance S		COS R
Supervision PIC present, demonstrates knowledge, and perform		Tayle and the same of the same	•	od Time/Temperature
duties			oking time & tem	
Employee Health			heating procedure	
2 Management awareness; policy present			oling time & temp	
Proper use of reporting, exclusion & restriction			t holding tempera	
Good Hygienic Practice			ld holding temper	
4 Proper eating, tasting, drinking, or tobacco use			te marking & disp	
No discharge from eyes, nose, and mouth	TI		public health con	trol: procedures &
Preventing Contamination by Hands		records	Consumer A	dvicory
6 Hands clean & properly washed		23 Consumer		d for raw or undercooked
7 No bare hands contact with RTE foods or approved		foods	davisory provide	a for fave of anadicooked
alternate method properly followed		Hi	ghly Susceptible	Populations
8 IN Adequate handwashing facilities supplied &		24 Pasteurize	ed foods used; pro	hibited foods not offered
accessible		eso:	Chemica	als
Approved Source		25 Food addit	tives: approved &	properly used
9 Food obtained from approved source		26 Toxic subs	stances properly id	dentified, stored, & used
Food received at proper temperature		Confor	mance with App	roved Procedures
Food in good condition, safe, & unadulterated		27 Compliand	e with variance, s	pecialized process, &
12 Required records available: shellstock tags, parasite destruction	Ш	HACCP pla	an	
Protection from Contamination	-			
13 Food separated & protected				ces or procedures identified
14 Food-contact surfaces: cleaned & sanitized				g factors of foodborne illness ons are control measures to
15 Proper disposition of returned, previously served,			event foodborne III	1170
reconditioned, & unsafe food	DETAI	L PRACTICES		
Good Retail Practices are preventative measures to con Numbered Items marked 'X' are not in compliance	ntrol the a			objects Into foods. R=repeat violation
Safe Food and Water			Proper Use of	
28 Pasteurized eggs used where required		41 In-use utensi	ls: properly stored	
29 Water & ice from approved source		1000	pment & linens: p	roperly stored, dried, &
30 Variance obtained for specialized processing methods		handled		
Food Temperature Control		43 Single-use & sused	single-service arti	cles: properly stored &
Proper cooling methods used; adequate equipment for		44 Gloves used p	roporty	111
temperature control				
Plant food properly cooked for hot holding			nsils, Equipment	es cleanable, properly
Approved thawing methods used			structed, & used	es creanable, properly
Thermometers provided & accurate		31485		I, maintained, & used;
Food Indentification		test strlps		
Food properly labeled; original container		47 Non-food cont	tact surfaces clear	
Prevention of Food Contamination			Physical Fac	ilities
Insects, rodents, & animals not present		48 Hot & cold wa	ter available; ade	quate pressure
Contamination prevented during food preparation,		ACTOR AND ADMINISTRATION OF THE PARTY OF THE	alled; proper back	
storage & display		50 Sewage & was	ste properly dispos	sed
Personal cleanliness		51 Tollet facilities	: properly constru	icted, supplied, &
Wiping cloths: properly used & stored		cleaned		
Washing fruits & vegetables		52 Garbage & ref maintained	use properly dispo	osed; facilities
		53 Physical facilit	ies installed, mair	tained, & clean
	- 0	54 Adequate vent	tilation & lighting;	designated areas used

F	ood Establishment I	spection Repo	rt	
As Governed by Kansas City Health Department	License/Permit #			Date: Nov 10, 2014 Time In: 12:30 PM
2400 Troost Unit # 3200 Kansas City MO 64108 (816) 513-6315	104873			ime Out: 12:45 PM
Establishment Chiefs Aramark Stand 103A	Address 1 Arrowhead Dr Kansas City MO 64129	City/State Kansas City / MO	Zip Code 64129	Telephone (816) 920-9330
	TEMPERATURE OBSE	RVATIONS		
	No temperatures observations were r	ecorded for this inspection		

 Question Number
 Item
 Critical Violations are indicated by an asterisk (*).

 Number
 Violations cited in this report must be corrected within the time frames below, or as stated in the Food Code.

GENERAL COMMENTS

Follow up inspection from complaint investigation on 11/03/2014.

Critical Violations Corrected: 3-501.18 Disposition

All critical violations have been corrected. No follow up inspection required. Notice of reinspection fee #408292 for \$125.00 was delivered with report.

Follow-up Required:

No

Signature Date: Nov 10, 2014

Person in Charge: Tim Witkowski

Food Establis	hmer	t Inspectio	n Report	
As Governed by Kansas City Health Department	. of Risk	Factor/Interventio	n Violations: 0	Date: Nov 10, 2014 Time In: 12:45 PM Time Out: 01:00 PM
Establishment Address Chiefs Aramark Stand U345A		City/State Cansas City / MO	Zip Code 64129	Telephone (816) 920-9330
License/Permit # Permit Holder 104839 Aramark Sports and Entertainment LLC	I	Purpose of nspection ollow-Up	Risk Cat Medium	Est. Type Restaurant/Deli
FOODBORNE ILLNESS RISK F	ACTORS	AND PUBLIC HEAL		
IN=in compliance OUT=not in compliance N/O=not observed		ot applicable COS=cor		
Compliance Status	COS R	Compliance S		COS R
Supervision 1 PIC present, demonstrates knowledge, and perforn		75.74	ooking time & tem	od Time/Temperature
duties	" []	(2.5)	heating procedure	
Employee Health		- I	ooling time & temp	
Management awareness; policy present		110	ot holding tempera	
Proper use of reporting, exclusion & restriction		-	old holding temper	
Good Hygienic Practice		21 Proper da	ate marking & disp	osition
Proper eating, tasting, drinking, or tobacco use No discharge from eyes, nose, and mouth	+		public health con	trol: procedures &
Preventing Contamination by Hands		records	•	
6 Hands clean & properly washed		23 Consume	Consumer A	d for raw or undercooked
7 No bare hands contact with RTE foods or approved		foods	advisory provide	a for raw or undercooked
alternate method properly followed		Н	ighly Susceptible	Populations
8 Adequate handwashing facilities supplied &		24 Pasteurize	ed foods used; pro	hibited foods not offered
accessible			Chemica	
Approved Source 9 Food obtained from approved source			tives: approved &	
10 Food received at proper temperature	+			dentified, stored, & used
11 IN Food In good condition, safe, & unadulterated				roved Procedures
Required records available: shellstock tags, parasite destruction		HACCP pla		pecialized process, &
Protection from Contamination		Risk factors a	re improper practi	ces or procedures identified
Food separated & protected				factors of foodborne illness
14 Food-contact surfaces: cleaned & sanitized			: Health Intervention	ons are control measures to
Proper disposition of returned, previously served, reconditioned, & unsafe food	D DETAI	L PRACTICES	EVENT TOOGDOINE III	ness of injury.
Good Retail Practices are preventative measures to co			emicals, and physical	objects into foods.
Numbered items marked 'X' are not in compliance	COS	=corrected on-site durin		R=repeat violation
Safe Food and Water 28 Pasteurized eggs used where required		41 In-use utensi	Proper Use of, ils: properly stored	
29 Water & ice from approved source	+	92101		roperly stored, dried, &
Variance obtained for specialized processing methods	H	handled		
Food Temperature Control			single-service artic	cles: properly stored &
31 Proper cooling methods used; adequate equipment for		used		
temperature control		44 Gloves used		
32 Plant food properly cooked for hot holding	\Box		nsils, Equipment	es cleanable, properly
Approved thawing methods used	+	designed, cor	nstructed, & used	es cleanable, property
34 Thermometers provided & accurate				i, maintained, & used;
Food Indentification 35 Food properly labeled; original container		test strips		
35 Food properly labeled; original container Prevention of Food Contamination		47 Non-food con	tact surfaces clear	
36 Insects, rodents, & animals not present		AR Hot 9- sold	Physical Fac	and the second of the second o
37 Contamination prevented during food preparation,	\vdash	3572	ater available; ade alled; proper back	
storage & display		20000	ste properly dispos	
Personal cleanliness		5000 0	s: properly constru	
Wiping cloths: properly used & stored		cleaned		attou, ouppired, a
40 Washing fruits & vegetables		52 Garbage & re maintained	fuse properly dispo	osed; facilities
		53 Physical facili	ties installed, main	tained, & clean
		54 Adequate ven	tilation & lighting;	designated areas used

	Food Establishment In	spection Rep	ort	
As Governed by Kansas City Health Department	License/Permit #			Date: Nov 10, 2014 Time In: 12:45 PM
2400 Troost Unit # 3200 Kansas City MO 64108 (816) 513-6315	104839		1	ime Out: 01:00 PM
Establishment Chiefs Aramark Stand U345A	Address 1 Arrowhead Drive Kansas City MO 64129	City/State Kansas City / MO	Zip Code 64129	Telephone (816) 920-9330
	TEMPERATURE OBSE	RVATIONS		
	No temperatures observations were r	ecorded for this inspection	6	

Question Item Critical Violations are Indicated by an asterisk (*). Number Number Violations cited in this report must be corrected within the time frames below, or as stated in the Food Code.

GENERAL COMMENTS

This is a re-inspection following the complaint investigation from 3 November 2014. The following violations have been abated:

3-101.11 Unadulterated food: Abated.

A re-inspection fee of \$183.00 has been assessed due to critical violations noted on the previous inspection from 3 November 2014. Invoice #408409.

Follow-up Required:

No

Signature Date: Nov 10, 2014

Person in Charge: Tim Witkowski

Food Establish	ment I	nspectio	n Report			
As Governed by Kansas City Health Department 2400 Troost Unit # 3200 Kansas City MO 64108 816) 513-6315						
Establishment Address Chiefs Aramark Stand U326 Address 1 Arrowhead Drive Kansas City MO 64129		State as City / MO	Zip Code 64129	Telephone (816) 920-9330		
License/Permit # Permit Holder 104896 Aramark Sports & Entertainment		ose of ection v-Up	Risk Cat Medium	Est. Type Restaurant/Deli		
FOODBORNE ILLNESS RISK FACTIVE IN COMPILE OF THE PROPERTY OF T			TH INTERVENTION THE INTERVENTION THE INTERVENTION THE INTERVENTION TO THE INTERVENTION THE			
		Compliance S		COS R		
Compliance Status Supervision	OS R			od Time/Temperature		
PIC present, demonstrates knowledge, and performs	1		ooking time & tem			
duties	1	-	eheating procedure			
Employee Health	1		ooling time & temp	District Control of the Control of t		
2 Management awareness; policy present			ot holding tempera			
Proper use of reporting, exclusion & restriction	2		old holding temper			
Good Hygienic Practice	2	T	ate marking & disp			
4 Proper eating, tasting, drinking, or tobacco use	2	N		trol: procedures &		
No discharge from eyes, nose, and mouth		records	a public fleatiff con	itioi. procedures &		
Preventing Contamination by Hands		1000.00	Consumer A	dvisorv		
6 Hands clean & properly washed	23	Consume		d for raw or undercooked		
7 No bare hands contact with RTE foods or approved		foods				
alternate method properly followed			lighly Susceptible			
Adequate handwashing facilities supplied &	24	Pasteuriz	ed foods used; pro	phibited foods not offered		
accessible			Chemic	als		
Approved Source	25	Food add	itives: approved &	properly used		
9 Food obtained from approved source	26	Toxic sub	stances properly i	dentified, stored, & used		
10 Food received at proper temperature		Confo	rmance with App	roved Procedures		
Food in good condition, safe, & unadulterated	27			specialized process, &		
Required records available: shellstock tags, parasite destruction		HACCP p	an			
Protection from Contamination	-111	Diek factors	re Imprener practi	ces or procedures identified		
13 IN Food separated & protected				g factors of foodborne illness		
14 Food-contact surfaces: cleaned & sanitized	188			ons are control measures to		
15 Proper disposition of returned, previously served,		pr	event foodborne II	Iness or injury.		
reconditioned, & unsafe food	RETAIL PR	ACTICES				
Good Retail Practices are preventative measures to contr Numbered items marked 'X' are not in compliance	rol the addition		ng Inspection	R=repeat violation		
Safe Food and Water			Proper Use of			
28 Pasteurized eggs used where required	41		ils: properly store			
29 Water & ice from approved source	42		ilpment & linens: p	properly stored, dried, &		
30 Variance obtained for specialized processing methods	43	handled	single convice arti	icles: properly stored &		
Food Temperature Control	4.3	used	. Single-Service arti	icles, property stored &		
Proper cooling methods used; adequate equipment for	44	-	properly	Î		
temperature control			ensils, Equipmen	t and Vending		
Plant food properly cooked for hot holding	45			ces cleanable, properly		
Approved thawing methods used			nstructed, & used	ses citaliasia, propart,		
34 Thermometers provided & accurate	46	Warewashing	g facilities: installe	d, maintained, & used;		
Food Indentification		test strips				
35 Food properly labeled; original container	47	Non-food cor	ntact surfaces clear	n L		
Prevention of Food Contamination			Physical Fac			
36 Insects, rodents, & animals not present	48	Hot & cold w	ater available; ade	equate pressure		
37 Contamination prevented during food preparation,	49	Plumbing ins	talled; proper back	cflow devices		
storage & display	50	Sewage & wa	aste properly dispo	sed		
Personal cleanliness	51		s: properly constr	ucted, supplied, &		
Wiping cloths: properly used & stored	+	cleaned				
40 Washing fruits & vegetables	J. 52	maintained	efuse properly disp			
	53	Physical facil	ities installed, maii	ntained, & clean		
	54	Adequate ve	ntilation & lighting;	; designated areas used		

F	ood Establishment I	spection Repo	ort	
As Governed by Kansas City Health Department	License/Permit #			Date: Nov 10, 2014 Time In: 01:00 PM
2400 Troost Unit # 3200 Kansas City MO 64108 (816) 513-6315	104896			ime Out: 01:15 PM
Establishment Chlefs Aramark Stand U326	Address 1 Arrowhead Drive Kansas City MO 64129	City/State Kansas City / MO	Zip Code 64129	Telephone (816) 920-9330
	TEMPERATURE OBSE	RVATIONS		
	No temperatures observations were r	ecorded for this inspection		

Question Number Critical Violations are indicated by an asterisk (*).

Violations cited in this report must be corrected within the time frames below, or as stated in the Food Code.

GENERAL COMMENTS

All violations have been abated.

Re-inspection invoice #408414 for the amount of \$155.00 has been assessed.

Follow-up Required:

No

Signature Date: Nov 10, 2014

Person in Charge: Tim Witkowski

Food Establishme	ent Inspection Report							
As Governed by No. of Ri	Kansas City Health Department 2400 Troost Unit # 3200 Kansas City MO 64108 No. of Repeat Risk Factor/Intervention Violations: 0 Time In: 01:00 PM Time Out: 01:15 PM							
Establishment Address Chiefs Aramark Stand U323A	City/State Zip Code Telephone Kansas City / MO 64129 (816) 920-9330							
License/Permit # Permit Holder 104892 Aramark Sports and Entertainment	Purpose of Risk Cat Est. Type Inspection Medium Restaurant/Deli Follow-Up							
	RS AND PUBLIC HEALTH INTERVENTIONS A=not applicable COS=corrected on-site during inspection R=repeat violation							
Compliance Status COS	R Compliance Status COS R							
Supervision	Potentially Hazardous Food Time/Temperature							
PIC present, demonstrates knowledge, and performs	16 Proper cooking time & temperatures							
Employee Health	Proper reheating procedures for hot holding							
2 Management awareness; policy present	Proper cooling time & temperatures							
Proper use of reporting, exclusion & restriction	Proper hot holding temperatures							
Good Hygienic Practice	20 Proper cold holding temperatures 21 Proper date marking & disposition							
4 Proper eating, tasting, drinking, or tobacco use	Proper date marking & disposition Time as a public health control: procedures &							
No discharge from eyes, nose, and mouth	records							
Preventing Contamination by Hands	Consumer Advisory							
Hands clean & properly washed	23 Consumer advisory provided for raw or undercooked							
No bare hands contact with RTE foods or approved alternate method properly followed	foods Highly Susceptible Populations							
8 Adequate handwashing facilities supplied &	Pasteurized foods used; prohibited foods not offered							
accessible	Chemicals							
Approved Source	25 Food additives: approved & properly used							
9 Food obtained from approved source	26 IN Toxic substances properly identified, stored, & used							
Food received at proper temperature	Conformance with Approved Procedures							
Food in good condition, safe, & unadulterated	27 Compliance with variance, specialized process, &							
Required records available: shellstock tags, parasite destruction	HACCP plan							
Protection from Contamination	Risk factors are improper practices or procedures identified							
13 Food separated & protected	as the most prevalent contributing factors of foodborne illness							
14 IN Food-contact surfaces: cleaned & sanitized	or injury. Public Health Interventions are control measures to							
Proper disposition of returned, previously served, reconditioned, & unsafe food	prevent foodborne illness or injury.							
Good Retall Practices are preventative measures to control th	AIL PRACTICES ne addition of pathogens, chemicals, and physical objects into foods. COS=corrected on-site during inspection R=repeat violation							
Safe Food and Water	Proper Use of Utensils							
28 Pasteurized eggs used where required	In-use utensils: properly stored							
29 Water & ice from approved source 30 Variance obtained for specialized processing methods	Utensils, equipment & linens: properly stored, dried, & handled							
Food Temperature Control	43 Single-use & single-service articles: properly stored &							
31 Proper cooling methods used; adequate equipment for	used							
temperature control	44 Gloves used properly							
32 Plant food properly cooked for hot holding	Utensils, Equipment and Vending							
Approved thawing methods used	45 Food & non-food contact surfaces cleanable, properly designed, constructed, & used							
34 Thermometers provided & accurate	Warewashing facilities: Installed, maintained, & used;							
Food Indentification	test strips							
35 Food properly labeled; original container	47 Non-food contact surfaces clean							
Prevention of Food Contamination 36 Insects, rodents, & animals not present	Physical Facilities							
37 Contamination prevented during food preparation,	48 Hot & cold water available; adequate pressure 49 Plumbing installed; proper backflow devices							
storage & display	49 Plumbing installed; proper backflow devices 50 Sewage & waste properly disposed							
38 Personal cleanliness	51 Toilet facilities: properly constructed, supplied, &							
Wiping cloths: properly used & stored	cleaned							
Washing fruits & vegetables	52 Garbage & refuse properly disposed; facilities maintained							
	53 Physical facilities installed, maintained, & clean							
	54 Adequate ventilation & lighting; designated areas used							

F	ood Establishment I	spection Repo	ort	
As Governed by Kansas City Health Department	License/Permit #			Date: Nov 10, 2014 Time In: 01:00 PM
400 Troost Unit # 3200 104892 ansas City MO 64108			ime Out: 01:15 PM	
Establishment	Address	City/State	Zip Code	Telephone
Chiefs Aramark Stand U323A	1 Arrowhead Drive Kansas City MO 64129	Kansas City / MO	64129	(816) 920-9330
	TEMPERATURE OBSE	RVATIONS		
	No temperatures observations were r	ecorded for this Inspection	f all to be a	

 Question Number
 Item Number
 Critical Violations are indicated by an asterisk (*).

 Violations cited in this report must be corrected within the time frames below, or as stated in the Food Code.

GENERAL COMMENTS

All violations have been abated.

Notice of Re-inspection Fee invoice #408296 for the amount of \$155.00 assessed.

Follow-up Required:

No

Signature Date: Nov 10, 2014

Person in Charge: Tim Witkowski

	Food Establis	hmei	nt Inspectio	n Report	
Kar 240 Kar	Governed by No	of Risk	Factor/Intervention	on Violations : 0	Date: Nov 10, 2014 Time In: 12:45 PM Time Out: 01:00 PM
Est	ablishment Address efs Aramark Stand 1 Arrowhead Drive		City/State Kansas City / MO	Zip Code 64129	Telephone (816) 920-9330
Lice	ense/Permit # Permit Holder 842 Aramark Sports and		Purpose of Inspection Follow-Up	Risk Cat Medium	Est. Type Restaurant/Deli
	Entertainment FOODBORNE ILLNESS RISK F			TH INTERVENTION	DNS
IN=	in compliance OUT=not In compliance N/O=not observed	N/A=	not applicable COS=co	rrected on-site during	Inspection R=repeat violation
	Compliance Status	COS R			COS R
1	Supervision PIC present, demonstrates knowledge, and perforn	ne 🗀	The second secon	ooking time & tem	od Time/Temperature
-	duties		150400	eheating procedure	
	Employee Health	sa arco		ooling time & temp	
2	Management awareness; policy present			ot holding tempera	
3	Proper use of reporting, exclusion & restriction		100	old holding temper	
	Good Hygienic Practice		10000	ate marking & disp	
4	Proper eating, tasting, drinking, or tobacco use		100000	a public health con	
5	No discharge from eyes, nose, and mouth		records		
2	Preventing Contamination by Hands			Consumer A	
7	Hands clean & properly washed No bare hands contact with RTE foods or approved	+	23 Consume foods	er advisory provide	d for raw or undercooked
	alternate method properly followed	ш		lighly Susceptible	Populations
8	Adequate handwashing facilities supplied &	\Box			hibited foods not offered
15)	accessible	- Landanid		Chemica	als
	Approved Source	100000	25 Food add	litives: approved &	properly used
9	Food obtained from approved source		26 Toxic sub	stances properly id	dentified, stored, & used
10	Food received at proper temperature		Confo	rmance with App	roved Procedures
11	Food in good condition, safe, & unadulterated		11/2/17/17/17/20	A STATE OF THE PROPERTY OF THE PARTY OF THE	pecialized process, &
12	Required records available: shellstock tags, parasit destruction	еШ	HACCP p	lan	
_	Protection from Contamination	$\overline{}$	Pick factors	re improper practi	ces or procedures identified
13	Food separated & protected				factors of foodborne illness
14	Food-contact surfaces: cleaned & sanitized				ons are control measures to
15	Proper disposition of returned, previously served, reconditioned, & unsafe food		р	revent foodborne ill	ness or injury.
			IL PRACTICES	entents and abusinal	abiasta into fanda
	Good Retail Practices are preventative measures to c Numbered Items marked 'X' are not in compliance		S=corrected on-site duri		R=repeat violation
28	Safe Food and Water Pasteurized eggs used where required		41 In-use utens	sils: properly stored	
29	Water & Ice from approved source		10.5		roperly stored, dried, &
30	Variance obtained for specialized processing methods	+	handled		
	Food Temperature Control	-	1 24127	single-service arti	cles: properly stored &
31	Proper cooling methods used; adequate equipment for		used 44 Gloves used	properly	
32	temperature control Plant food properly cooked for hot holding			ensils, Equipment	and Vending
33	Approved thawing methods used	++1	45 Food & non-	food contact surfac	es cleanable, properly
34	Thermometers provided & accurate	+	1,4000	nstructed, & used	
27	Food Indentification			g facilities: installed	d, maintained, & used;
35	Food properly labeled; original container		test strips	ntact surfaces clear	
-	Prevention of Food Contamination		47 Non-food co	12,710,110,010,00	
36	Insects, rodents, & animals not present		48 Hot & cold w	Physical Fac ater available; ade	
37	Contamination prevented during food preparation,		- ACO A	talled; proper back	
	storage & display			aste properly dispo	
38	Personal cleanliness			es: properly constru	
39	Wiping cloths: properly used & stored		cleaned	.s. property constit	zeccu, supplieu, a
40	Washing fruits & vegetables			efuse properly dispo	osed; facilities
		il.		ities installed, mair	ntained, & clean
			19950 10		designated areas used
			, ladquata ve	- and a signality	

Food Establishment Inspection Report As Governed by License/Permit # Date: Nov 10, 2014 Kansas City Health Department Time In: 12:45 PM 2400 Troost Unit # 3200 104842 Time Out: 01:00 PM Kansas City MO 64108 (816) 513-6315 Establishment **Address** Zip Code City/State Telephone Chiefs Aramark Stand L340 1 Arrowhead Drive Kansas City / MO 64129 (816) 920-9330 Kansas City MO 64129 **TEMPERATURE OBSERVATIONS** No temperatures observations were recorded for this inspection

OBSERVATIONS AND CORRECTIVE ACTIONS

Question Item Critical Violations are indicated by an asterisk (*). Number Number Violations cited in this report must be corrected within the time frames below, or as stated in the Food Code.

GENERAL COMMENTS

This is a re-inspection following the complaint investigation from 3 November 2014. The following violations have been abated:

6-301.11 Access to hand sink: Abated.

A re-Inspection fee of \$125.00 has been assessed due to critical violations noted on previous inspection on 3 November 2014. Invoice #408408.

Follow-up Required:

No

Signature Date: Nov 10, 2014

Person in Charge: Tim Witkowski

Г			Food Establis	hme	nt Inspectio	n Report		
Kai 240 Kai	As Governed by Kansas City Health Department 2400 Troost Unit # 3200 Kansas City MO 64108 (816) 513-6315							
Est	abl efs	ishment Aramark Stand	Address 1 Arrowhead Drive Kansas City MO 64129		City/State Kansas City / MO	Zip Code 64129	Telephone (816) 920-9330@	
Lic		e/Permit #	Permit Holder Aramark Sports and Entertainment LLC		Purpose of Inspection Follow-Up	Risk Cat Medium	Est. Type Restaurant/Deli	
			FOODBORNE ILLNESS RISK	FACTOR	S AND PUBLIC HEAL			
-		ompliance OUT =not	in compliance N/O=not observed		not applicable COS=co			
_	Con	pliance Status	Construction of the constr	COS F			COS R	
1		PIC present, demo	Supervision onstrates knowledge, and perform	ms 🔲	16 Proper co	ooking time & tem		
			nployee Health		- I ASS	eheating procedure		
2			reness; policy present		200	poling time & temporations to the state of t		
3		Proper use of repo	orting, exclusion & restriction		320	old holding temper		
225		Good	Hygienic Practice	en meter	-	ate marking & disp		
4			ting, drinking, or tobacco use				trol: procedures &	
5			eyes, nose, and mouth		records			
12			Contamination by Hands		1906/0	Consumer A		
6		Hands clean & pro	' 		1500500	er advisory provide	d for raw or undercooked	
7		No bare hands cor alternate method	ntact with RTE foods or approved	ш	foods	lighly Susceptible	Populations	
8			shing facilities supplied &		111		phibited foods not offered	
		accessible	Simily facilities supplied a		T doctourne	Chemic		
		Ар	proved Source	3 3	25 Food add	itives: approved &		
9		Food obtained from	m approved source				dentified, stored, & used	
10	IN	Food received at p					roved Procedures	
11			lition, safe, & unadulterated		- 7475		specialized process, &	
12		Required records a destruction	available: shellstock tags, parasit	te 📗	HACCP pl	an		
0.00		Protection	n from Contamination	25.14	Risk factors a	re improper practi	ces or procedures identified	
13		Food separated &	protected		as the most pre	valent contributing	factors of foodborne illness	
14	IN	Food-contact surfa	aces: cleaned & sanitized				ons are control measures to	
15		Proper disposition reconditioned, & u			1	event foodborne il	iness or injury.	
	Nive		actices are preventative measures to d	control the	IL PRACTICES addition of pathogens, ch OS=corrected on-site during		objects into foods. R=repeat violation	
_	nul		X' are not in compliance Food and Water		CONTROLLED OUTSILE UUIII	Proper Use of		
28	Pa	steurized eggs used			41 In-use utens	ils: properly stored	Contraction of the Contraction o	
29	W	ater & ice from app	roved source			ipment & linens: p	roperly stored, dried, &	
30	Va	riance obtained for	specialized processing methods		handled			
		Food Te	emperature Control		43 Single-use & used	single-service arti	cles: properly stored &	
31			ds used; adequate equipment for	. [[44 Gloves used	nronerly		
-		mperature control	at a d Charles had dine			ensils, Equipmen	t and Vending	
32	_		ooked for hot holding	++	THE DAYS		es cleanable, properly	
33	_	proved thawing me		++-		nstructed, & used	ac sicanatio, property	
34	In	ermometers provid		ш		g facilities: installed	d, maintained, & used;	
35	Eo	rood od properly labeled	I Indentification		test strips	-t		
20	ΓÜ		of Food Contamination		47 Non-food cor	ntact surfaces clear		
36	In	sects, rodents, & ar			48 Hot & cold w	Physical Fac		
37			ited during food preparation,	H	3.02	ater available; ade talled; proper back	Time and	
1		orage & display			5.335	aste proper back		
38		rsonal cleanliness			33500 D	es: properly dispo		
39	Wi	ping cloths: properl	ly used & stored		cleaned	.a. property constr	ucceu, supplieu, &	
40	Wa	ashing fruits & vege	tables		The second secon	efuse properly disp	osed; facilities	
					-5-0 U	ities installed, mair	ntained, & clean	
					747/3		designated areas used	

Food Establishment Inspection Report As Governed by License/Permit # Date: Nov 10, 2014 Kansas City Health Department Time In: 01:15 PM 2400 Troost Unit # 3200 104851 Time Out: 01:30 PM Kansas City MO 64108 (816) 513-6315 Establishment **Address** City/State Zip Code Telephone Chiefs Aramark Stand L310B 1 Arrowhead Drive Kansas City / MO 64129 (816) 920-9330 Kansas City MO 64129 **TEMPERATURE OBSERVATIONS** No temperatures observations were recorded for this inspection

OBSERVATIONS AND CORRECTIVE ACTIONS

 Question Number
 Item
 Critical Violations are indicated by an asterisk (*).

 Number
 Violations cited in this report must be corrected within the time frames below, or as stated in the Food Code.

GENERAL COMMENTS

This is a re-inspection following the complaint investigation conducted 3 November 2014.

All violations have been corrected.

Notice of Re-inspection Fee invoice #408295 for the amount of \$183.00 was provided.

No additional follow-up required.

Follow-up Required:

No

Signature Date: Nov 10, 2014

Person in Charge: Emily Davis

Food Establis	hmer	nt Inspection Report
As Governed by No Kansas City Health Department	of Risk	Factor/Intervention Violations: 0 Factor/Intervention Violations: 0 Time In: 12:45 PM Time Out: 01:00 PM
Establishment Address Chiefs Aramark Stand L338D Address Address 1 Arrowhead Drive Kansas City MO 64129		City/State Zip Code Telephone Cansas City / MO 64129 (816) 920-9330
License/Permit # Permit Holder 104844 Aramark Sports and Entertainment LLC	I	Purpose of Risk Cat Est. Type nspection Medium Restaurant/Deli
		AND PUBLIC HEALTH INTERVENTIONS not applicable COS=corrected on-site during inspection R=repeat violation
IN=in compliance OUT=not in compliance N/O=not observed Compliance Status	COS R	oot applicable COS=corrected on-site during Inspection R=repeat violation Compliance Status COS R
Supervision PIC present, demonstrates knowledge, and perform duties		Potentially Hazardous Food Time/Temperature Proper cooking time & temperatures Proper reheating procedures for hot holding
Employee Health Management awareness; policy present		Proper cooling time & temperatures Proper hot holding temperatures
Proper use of reporting, exclusion & restriction		20 Proper cold holding temperatures
4 Proper eating, tasting, drinking, or tobacco use No discharge from eyes, nose, and mouth		21 Proper date marking & disposition 22 Time as a public health control: procedures & records
Preventing Contamination by Hands Hands clean & properly washed No bare hands contact with RTE foods or approved	用	Consumer Advisory Consumer advisory provided for raw or undercooked foods
alternate method properly followed		Highly Susceptible Populations
Adequate handwashing facilities supplied & accessible	Ш	24 Pasteurized foods used; prohibited foods not offered
Approved Source		Chemicals 25 Food additives: approved & properly used
9 Food obtained from approved source		26 IN Toxic substances properly identified, stored, & used
10 Food received at proper temperature		Conformance with Approved Procedures
 11 IN Food in good condition, safe, & unadulterated 12 Required records available: shellstock tags, parasite destruction 	е	27 Compliance with variance, specialized process, & HACCP plan
Protection from Contamination Food separated & protected Food-contact surfaces: cleaned & sanitized Proper disposition of returned, previously served, reconditioned, & unsafe food		Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health Interventions are control measures to prevent foodborne illness or injury.
		L PRACTICES
Numbered items marked 'X' are not in compliance Safe Food and Water		ddition of pathogens, chemicals, and physical objects into foods. S=corrected on-site during inspection R=repeat violation Proper Use of Utensils
28 Pasteurized eggs used where required		41 In-use utensils: properly stored
29 Water & ice from approved source		42 Utensils, equipment & linens: properly stored, dried, &
30 Variance obtained for specialized processing methods Food Temperature Control		handled 43 Single-use & single-service articles: properly stored & used
31 Proper cooling methods used; adequate equipment for temperature control	ш	44 Gloves used properly
Plant food properly cooked for hot holding Approved thawing methods used	H	Utensils, Equipment and Vending 45 Food & non-food contact surfaces cleanable, properly
34 Thermometers provided & accurate	+	designed, constructed, & used
Food Indentification		46 Warewashing facilities: Installed, maintained, & used; test strips
35 Food properly labeled; original container		47 Non-food contact surfaces clean
Prevention of Food Contamination Insects, rodents, & animals not present	П	Physical Facilities 48 Hot & cold water available; adequate pressure
37 Contamination prevented during food preparation, storage & display		49 Plumbing installed; proper backflow devices
38 Personal cleanliness		50 Sewage & waste properly disposed
39 Wiping cloths: properly used & stored		51 Toilet facilities: properly constructed, supplied, & cleaned
Washing fruits & vegetables		52 Garbage & refuse properly disposed; facilities maintained
		Physical facilities installed, maintained, & clean Adequate ventilation & lighting; designated areas used

	Food Establishment I	spection Repo	ort	
As Governed by Kansas City Health Departmen	License/Permit #			Date: Nov 10, 2014 Time In: 12:45 PM
2400 Troost Unit # 3200 Kansas City MO 64108 (816) 513-6315	104844			ime Out: 01:00 PM
Establishment Chiefs Aramark Stand L338D	Address 1 Arrowhead Drive Kansas City MO 64129	City/State Kansas City / MO	Zip Code 64129	Telephone (816) 920-9330
	TEMPERATURE OBSE	RVATIONS		
	No temperatures observations were r	ecorded for this inspection		

Question
NumberItem
NumberCritical Violations are indicated by an asterisk (*).Violations cited in this report must be corrected within the time frames below, or as stated in the Food Code.

GENERAL COMMENTS

This is a re-inspection following the complaint investigation conducted 3 November 2014. The following violations have been abated:

3-202.15 Package Integrity

7-201.11 Separation and Storage

6-501.11 Physical facilities not maintained in good repair and cleaned

Notice of Re-Inspection Fee invoice #408406 for the amount of \$183.00 was provided.

Follow-up Required:

No

Signature Date: Nov 10, 2014

Person in Charge: Tim Witkowski

		Food Establis	hmer	nt Inspectio	n Report	
Kan 240 Kan	Governed by sas City Health Dep to Troost Unit # 320 sas City MO 64108	artment No. of Re	o. of Risk	Factor/Interventio	n Violations: 0	Date: Nov 10, 2014 Time In: 12:30 PM Time Out: 12:45 PM
Est a	ablishment efs Aramark Stand 8C Vending	Address 1 Arrowhead Drive Kansas City MO 64129		City/State Cansas City / MO	Zip Code 64129	Telephone (816) 920-9330(2)
	ense/Permit #	Permit Holder Aramark Sports and Entertainment LLC] F	Purpose of Inspection Follow-Up	Risk Cat Low	Est. Type Restaurant/Deli 0-5 Employees
IN=	in compliance OUT =not	FOODBORNE ILLNESS RISK in compliance N/O=not observed		AND PUBLIC HEAL not applicable COS=cor		
_	Compliance Status		COS R	Compliance S		COS R
1	dutles	Supervision onstrates knowledge, and perfor	.00000	16 Proper co	y Hazardous Foo ooking time & temp heating procedure	od Time/Temperature peratures
2		mployee Health reness; policy present		18 Proper co	oling time & temp	eratures
3		orting, exclusion & restriction	+		ot holding tempera	
_		Hygienic Practice			ld holding tempera	1000
4		sting, drinking, or tobacco use			ite marking & disp	
5	No discharge from	n eyes, nose, and mouth		22 Time as a records	public nearth con	trol: procedures &
6	Hands clean & pro				Consumer A r advisory provide	dvisory d for raw or undercooked
7	No bare hands con alternate method	ntact with RTE foods or approved properly followed		foods	ighly Susceptible	Populations
8	Adequate handwa accessible	shing facilities supplied &		24 Pasteurize	ed foods used; pro	hibited foods not offered
		proved Source	ille	25 Food addi	tives: approved &	
9		m approved source		170/20		lentifled, stored, & used
10		proper temperature	-	Confor	mance with App	roved Procedures
11 12		lition, safe, & unadulterated available: shellstock tags, parasii	te	27 Compliand		peclalized process, &
8353		n from Contamination		Risk factors a	re Improper praction	ces or procedures identified
13	Food separated &	·				factors of foodborne illness
14 15		of returned, previously served,	Ш		event foodborne ill	ons are control measures to ness or injury.
		GOO		L PRACTICES		
	Numbered items marked '	actices are preventative measures to or are not in compliance Food and Water		S =corrected on-site durin		R=repeat violation
28	Pasteurized eggs used			41 In-use utensi	ls: properly stored	discount of the same of the sa
29	Water & ice from appr			1986		roperly stored, dried, &
30	Variance obtained for	specialized processing methods		handled		
-		emperature Control		43 Single-use & used	single-service artic	cles: properly stored &
31	Proper cooling method temperature control	ds used; adequate equipment for		44 Gloves used p	properly	
32	Plant food properly co	ooked for hot holding		Ute	nsils, Equipment	and Vending
33	Approved thawing me					es cleanable, properly
34	Thermometers provide	ed & accurate		190500	structed, & used	l, maintained, & used;
90011		I Indentification		test strips		, manitanica, a uscu,
35	Food properly labeled		Ш	47 Non-food con	tact surfaces clean	
26	Prevention Insects, rodents, & an	of Food Contamination			Physical Fac	and the second of
36 37		nted during food preparation,	++1		ter available; adec	Add to the same of
	storage & display	dag .ood propuration/		1,166	alled; proper back ste properly dispos	Saluta de la companya del companya de la companya del la companya del companya de la companya de
38	Personal cleanliness				ste properly dispos	200
39	Wiping cloths: properl			cleaned		
40	Washing fruits & vege	tables		maintained	use properly dispo	
				- CONT	ies installed, main	
				54 Adequate ven	tilation & lighting;	designated areas used

F	ood Establishment I	spection Repo	ort	
As Governed by Kansas City Health Department	License/Permit #			Date: Nov 10, 2014 Time In: 12:30 PM
2400 Troost Unit # 3200 Kansas City MO 64108 (816) 513-6315	104887		1	ime Out: 12:45 PM
Establishment Chiefs Aramark Stand L338C Vending	Address 1 Arrowhead Drive Kansas City MO 64129	City/State Kansas City / MO	Zip Code 64129	Telephone (816) 920-9330
	TEMPERATURE OBSE	RVATIONS		
	No temperatures observations were r	ecorded for this inspection		

Question
NumberItem
NumberCritical Violations are Indicated by an asterisk (*).Violations cited in this report must be corrected within the time frames below, or as stated in the Food Code.

GENERAL COMMENTS

This is a re-inspection following the complaint investigation conducted 3 November 2014.

All violations have been abated.

Notice of Re-inspection Fee invoice #408298 for the amount of \$125.00 was provided.

Follow-up Required:

No

Signature Date: Nov 10, 2014

Person in Charge: Tim Witkowski

Food Establishr	ment Inspection Report
As Governed by No. of	f Risk Factor/Intervention Violations: 0 t Risk Factor/Intervention Violations: 0 Time In: 12:30 PM Time Out: 12:45 PM
Establishment Address Chiefs Aramark Stand 1 Arrowhead Drive L333B Kansas City MO 64129	City/State Zip Code Telephone Kansas City / MO 64129 (816) 920-9330
License/Permit # Permit Holder 104845 Aramark Sports and Entertainment LLC	Purpose of Risk Cat Est. Type Inspection Medium Restaurant/Deli Follow-Up
	CTORS AND PUBLIC HEALTH INTERVENTIONS N/A=not applicable COS=corrected on-site during inspection R=repeat violation
	COS R Compliance Status COS R
Supervision	Potentially Hazardous Food Time/Temperature
PIC present, demonstrates knowledge, and performs [
duties	17 Proper reheating procedures for hot holding
Employee Health Management awareness; policy present	Proper cooling time & temperatures
Management awareness; policy present Proper use of reporting, exclusion & restriction	Proper hot holding temperatures
Good Hygienic Practice	20 Proper cold holding temperatures
4 Proper eating, tasting, drinking, or tobacco use	Proper date marking & disposition
5 No discharge from eyes, nose, and mouth	Time as a public health control: procedures &
Preventing Contamination by Hands	records Consumer Advisory
6 Hands clean & properly washed	Consumer advisory provided for raw or undercooked
7 No bare hands contact with RTE foods or approved	foods
alternate method properly followed	Highly Susceptible Populations
8 Adequate handwashing facilities supplied &	Pasteurized foods used; prohibited foods not offered
accessible	Chemicals
Approved Source 9 Food obtained from approved source	Food additives: approved & properly used
10 Food received at proper temperature	26 IN Toxic substances properly Identified, stored, & used
11 Food In good condition, safe, & unadulterated	Conformance with Approved Procedures
12 Required records available: shellstock tags, parasite destruction	27 Compliance with variance, specialized process, & HACCP plan
Protection from Contamination	Risk factors are improper practices or procedures identified
13 Food separated & protected	as the most prevalent contributing factors of foodborne illness
14 IN Food-contact surfaces: cleaned & sanitized	or Injury. Public Health Interventions are control measures to
Proper disposition of returned, previously served, reconditioned, & unsafe food	prevent foodborne illness or injury.
	RETAIL PRACTICES rol the addition of pathogens, chemicals, and physical objects into foods.
Numbered items marked 'X' are not in compliance	COS=corrected on-site during inspection R=repeat violation
Safe Food and Water	Proper Use of Utensils
28 Pasteurized eggs used where required	41 In-use utensils: properly stored
29 Water & Ice from approved source	42 Utensils, equipment & linens: properly stored, dried, & handled
30 Variance obtained for specialized processing methods	43 Single-use & single-service articles: properly stored &
Food Temperature Control	used
31 Proper cooling methods used; adequate equipment for temperature control	44 Gloves used properly
32 Plant food properly cooked for hot holding	Utensils, Equipment and Vending
33 Approved thawing methods used	45 Food & non-food contact surfaces cleanable, properly
34 Thermometers provided & accurate	designed, constructed, & used
Food Indentification	46 Warewashing facilities: Installed, maintained, & used; test strips
35 Food properly labeled; original container	47 Non-food contact surfaces clean
Prevention of Food Contamination	Physical Facilities
36 Insects, rodents, & animals not present	48 Hot & cold water available; adequate pressure
Contamination prevented during food preparation,	49 Plumbing installed; proper backflow devices
storage & display	50 Sewage & waste properly disposed
38 Personal cleanliness	Toilet facilities: properly constructed, supplied, &
39 Wiping cloths: properly used & stored	cleaned
40 Washing fruits & vegetables	52 Garbage & refuse properly disposed; facilities maintained
	Physical facilities installed, maintained, & clean
	54 Adequate ventilation & lighting; designated areas used

F	ood Establishment I	spection Repo	ort	
As Governed by Kansas City Health Department	License/Permit #			Date: Nov 10, 2014 Time In: 12:30 PM
2400 Troost Unit # 3200 Kansas City MO 64108 (816) 513-6315	104845			ime Out: 12:45 PM
Establishment Chiefs Aramark Stand L333B	Address 1 Arrowhead Drive Kansas City MO 64129	City/State Kansas City / MO	Zip Code 64129	Telephone (816) 920-9330
	TEMPERATURE OBSE	RVATIONS		
J.	No temperatures observations were r	ecorded for this inspection		

OBSERVATIONS	AND	CORRECTIVE	ACTIONS
ODDEKAMITORS	VIAN	COKKECITAE	WOLTONS

 Question Number
 Item
 Critical Violations are Indicated by an asterisk (*).

 Violations cited in this report must be corrected within the time frames below, or as stated in the Food Code.

GENERAL COMMENTS

This is a re-inspection following the complaint investigation conducted 3 November 2014.

All violations have been corrected.

Notice of Re-inspection Fee invoice #408297 for the amount of \$183.00 was provided.

No additional follow-up required

Follow-up Required:

No

Signature Date: Nov 10, 2014

Person in Charge: Emily Davis

		Food Establis	hme	nt Inspectio	n Report	
Kar 240 Kar	Governed by sas City Health Dep Troost Unit # 320 sas City MO 64108 5) 513-6315	artment No. of Per	o. of Ris	k Factor/Interventi k Factor/Interventi	on Violations : 0	Date: Nov 10, 201 Time In: 12:45 P Time Out: 01:00 P
Est	ablishment efs Aramark Stand	Address 1 Arrowhead Drive Kansas City MO 64129		City/State Kansas City / MO	Zip Code 64129	Telephone (816) 920-9330
Lice	ense/Permit # 841	Permit Holder Aramark Sports and Entertainment		Purpose of Inspection Follow-Up	Risk Cat Medium	Est. Type Restaurant/Deli
		FOODBORNE ILLNESS RISK	FACTOR	S AND PUBLIC HEAL		
_	in compliance OUT=not	In compliance N/O=not observed		not applicable COS=co		
_	Compliance Status	Supervision	COS F	+ 		COS I
1	PIC present, dem	onstrates knowledge, and perform	ns 🗀		ooking time & tem	od Time/Temperature
-	duties	onstruces knowledge, and perform	,,,,		eheating procedure	
		mployee Health			ooling time & temp	
2		reness; policy present			ot holding tempera	
3		orting, exclusion & restriction			old holding temper	
		Hygienic Practice		21 Proper d	ate marking & disp	oosition
5		sting, drinking, or tobacco use n eyes, nose, and mouth		22 Time as	a public health cor	trol: procedures &
-		Contamination by Hands		records		
6	Hands clean & pro			23 Consumo	Consumer A	d for raw or undercooked
7		ntact with RTE foods or approved	+	foods	ar advisory provide	d for raw or undercooked
	alternate method				lighly Susceptible	e Populations
8		shing facilities supplied &		24 Pasteuriz	red foods used; pro	ohlbited foods not offered
	accessible	are and Course		6	Chemic	
9	•	pproved Source m approved source			litives: approved &	
10	-	proper temperature	+			dentified, stored, & used
11	·	lition, safe, & unadulterated	++-	PERSON 1		roved Procedures
12		available: shellstock tags, parasit	е	27 Compliar HACCP p		specialized process, &
.e.ssv	Protection	n from Contamination	was an	Risk factors	are improper practi	ces or procedures identified
13	Food separated &			as the most pre	evalent contributing	g factors of foodborne illness
14	-	aces: cleaned & sanitized				ons are control measures to
15	Proper disposition reconditioned, & u				event foodborne II	iness or injury.
	Good Retail Pro Numbered Items marked '	actices are preventative measures to c	ontrol the	IL PRACTICES addition of pathogens, ch S=corrected on-site duri		objects into foods. R =repeat violation
200		Food and Water			Proper Use of	
28	Pasteurized eggs used				sils: properly stored	- Indian
29	Water & ice from appr			42 Utensils, equ	iipment & iinens: p	properly stored, dried, &
30		specialized processing methods emperature Control			single-service arti	cles: properly stored &
31		ds used; adequate equipment for		used		407.10.89
-	temperature control	as assay anoques againment		44 Gloves used		
32	Plant food properly co	oked for hot holding		ROSSIC LA	ensils, Equipmen	- Contraction of the Contraction
33	Approved thawing me	thods used			food contact surfac nstructed, & used	es cleanable, properly
34	Thermometers provide	ed & accurate		1000		d, maintained, & used;
202		Indentification		test strips	,	
35	Food properly labeled		Ш	47 Non-food cor	ntact surfaces clear	n 🔲
ne.		of Food Contamination		00.00	Physical Fac	
36	Insects, rodents, & an		+		ater available; ade	
37	storage & display	ited during food preparation,	ш	7,000 11	talled; proper back	
38	Personal cleanliness			207.5	aste properly dispo	
39	Wiping cloths: properl	y used & stored		51 Toilet facilitie cleaned	es: properly constr	ucted, supplied, &
10	Washing fruits & vege				efuse properly disp	osed; facilities
			1	33.5300 0.5	itles installed, mair	ntained, & clean
				35/22 0		designated areas used
				1.17.00	331	

	Food Establishment I	spection Repo	ort	
As Governed by Kansas City Health Departme	License/Permit #			Date: Nov 10, 2014 Time In: 12:45 PM
2400 Troost Unit # 3200 Kansas City MO 64108 (816) 513-6315	104841			ime Out: 01:00 PM
Establishment Chiefs Aramark Stand U343A	Address 1 Arrowhead Drive Kansas City MO 64129	City/State Kansas City / MO	Zip Code 64129	Telephone (816) 920-9330
	TEMPERATURE OBSE	RVATIONS		
	No temperatures observations were r	ecorded for this inspection		

 Question Number
 Item
 Critical Violations are indicated by an asterisk (*).

 Violations cited in this report must be corrected within the time frames below, or as stated in the Food Code.

GENERAL COMMENTS

This is a re-inspection following the complaint investigation conducted 3 November 2014.

The following violations have been corrected:

7-201.11 Separation and storage: Observed all chemicals stored properly.

All other violations have been corrected.

Notice of Re-inspection Fee Invoice #408407 for the amount of \$183.00 was provided.

Follow-up Required:

No

Signature Date: Nov 10, 2014

Person in Charge: Emily Davis

Food Establishme	ent Inspection Report
As Governed by No. of R	isk Factor/Intervention Violations: 0 isk Factor/Intervention Violations: 0 Time In: 01:00 PM Time Out: 01:15 PM
Establishment Address Chiefs Aramark Stand U303B Address 1 Arrowhead Drive Kansas City MO 64129	City/State Zip Code Telephone Kansas City / MO 64129 (816) 920-9330
License/Permit # Permit Holder 104836 Aramark Sports and Entertainment	Purpose of Risk Cat Est. Type Inspection Medium Restaurant/Deli Follow-Up
	RS AND PUBLIC HEALTH INTERVENTIONS A=not applicable COS=corrected on-site during inspection R=repeat violation
Compliance Status COS	
Supervision	Potentially Hazardous Food Time/Temperature
1 PIC present, demonstrates knowledge, and performs	16 Proper cooking time & temperatures
duties	Proper reheating procedures for hot holding
Employee Health 2 Management awareness; policy present	Proper cooling time & temperatures
Management awareness; policy present Proper use of reporting, exclusion & restriction	Proper hot holding temperatures
Good Hygienic Practice	20 Proper cold holding temperatures
4 Proper eating, tasting, drinking, or tobacco use	Proper date marking & disposition
No discharge from eyes, nose, and mouth	Time as a public health control: procedures &
Preventing Contamination by Hands	records Consumer Advisory
6 Hands clean & properly washed	Consumer advisory provided for raw or undercooked
7 No bare hands contact with RTE foods or approved	foods
alternate method properly followed	Highly Susceptible Populations
8 Adequate handwashing facilities supplied &	Pasteurized foods used; prohibited foods not offered
accessible	Chemicals
Approved Source	Food additives: approved & properly used
9 Food obtained from approved source	26 Toxic substances properly Identified, stored, & used
10 Food received at proper temperature	Conformance with Approved Procedures
Food in good condition, safe, & unadulterated Required records available: shellstock tags, parasite	27 Compliance with variance, specialized process, &
destruction	HACCP plan
Protection from Contamination	Risk factors are improper practices or procedures identified
13 Food separated & protected	as the most prevalent contributing factors of foodborne illness
14 IN Food-contact surfaces: cleaned & sanitized	or injury. Public Health Interventions are control measures to
Proper disposition of returned, previously served, reconditioned, & unsafe food	prevent foodborne illness or injury.
	FAIL PRACTICES ne addition of pathogens, chemicals, and physical objects into foods,
	COS=corrected on-site during inspection R=repeat violation
Safe Food and Water	Proper Use of Utensils
28 Pasteurized eggs used where required	41 In-use utensils: properly stored
29 Water & ice from approved source	42 Utensils, equipment & linens: properly stored, dried, & handled
30 Variance obtained for specialized processing methods	43 Single-use & single-service articles: properly stored &
Food Temperature Control	used
31 Proper cooling methods used; adequate equipment for temperature control	44 Gloves used properly
32 Plant food properly cooked for hot holding	Utensils, Equipment and Vending
33 Approved thawing methods used	45 Food & non-food contact surfaces cleanable, properly
34 Thermometers provided & accurate	designed, constructed, & used
Food Indentification	46 Warewashing facilities: installed, maintained, & used; test strips
35 Food properly labeled; original container	Non-food contact surfaces clean
Prevention of Food Contamination	Physical Facilities
36 Insects, rodents, & animals not present	48 Hot & cold water available; adequate pressure
Contamination prevented during food preparation,	49 Plumbing installed; proper backflow devices
storage & display	50 Sewage & waste properly disposed
38 Personal cleanliness	Toilet facilities: properly constructed, supplied, &
Wiping cloths: properly used & stored	cleaned
40 Washing fruits & vegetables	52 Garbage & refuse properly disposed; facilities maintained
	53 Physical facilities installed, maintained, & clean
	54 Adequate ventilation & lighting; designated areas used

F	ood Establishment I	nspection Repo	ort	
As Governed by Kansas City Health Department	License/Permit #			Date: Nov 10, 2014 Time In: 01:00 PM
2400 Troost Unit # 3200 Kansas City MO 64108 (816) 513-6315《2	104836			ime Out: 01:15 PM
Establishment Chiefs Aramark Stand U303B	Address 1 Arrowhead Drive Kansas City MO 64129	City/State Kansas City / MO	Zip Code 64129	Telephone (816) 920-9330
	TEMPERATURE OBSE	RVATIONS		
	No temperatures observations were r	ecorded for this Inspection		

 Question Number
 Item
 Critical Violations are indicated by an asterisk (*).

 Number
 Violations cited in this report must be corrected within the time frames below, or as stated in the Food Code.

GENERAL COMMENTS

This is a re-inspection following the complaint investigation conducted 3 November 2014.

All violations have been corrected.

Notice of Re-inspection fee invoice #408294 for the amount of \$183.00 was provided.

No additional follow-up required.

Follow-up Required:

No

Signature Date: Nov 10, 2014

Person in Charge: Emily Davls

		Food Establis	shme	nt Inspe	ction Repor	t	
Kansa 2400 Kansa	verned by s City Health Dep. Troost Unit # 320 s City MO 64108 513-6315	artment No. of Re	No. of Risk	Factor/Inter	vention Violations : vention Violations :	O Date: Nov :	2:30 PI
	lishment	Address		City / Ctata	Zip Code	Telephone	_
	Aramark Stand	1 Arrowhead Dr		City/State Kansas City /		(816) 301-0765Q	P
127D	Aramark Stand	Kansas City MO 64129		Karisas City /	110 04125	(010) 301-07036	
	se/Permit #	Permit Holder	3/11/2	Purpose of	Risk Cat	Est. Type	
10591		Aramark Sports and		Inspection	Medium	Restaurant/Deli	
		Entertainment, LLC		Follow-Up			
		FOODBORNE ILLNESS RISK	FACTORS	AND PUBLIC	HEALTH INTERVEN	TIONS	
IN=in c	ompliance OUT=not	in compliance N/O=not observe	d N/A=	not applicable C	OS=corrected on-site dur	ring inspection R=repeat	violation
Сог	mpliance Status		COS R		ance Status		COS
12		Supervision		85990		Food Time/Temperature	-
1	PIC present, demi	onstrates knowledge, and perfo	rms	1988	oper cooking time & to		-
		nployee Health		1 Winner	oper reheating proced		
2		reness; policy present		10000	oper cooling time & te		-
3		orting, exclusion & restriction	\pm	-	oper hot holding temp		
	Good	Hygienic Practice		1000	oper cold holding temp		-
4 IN		ting, drinking, or tobacco use		1297 () ()	oper date marking & d		-
5		eyes, nose, and mouth		The state of the s	ne as a public health o cords	control: procedures &	Ш
		Contamination by Hands		160		r Advisory	
6	Hands clean & pro	The state of the s		23 Co		ided for raw or undercooke	ed
7	No bare hands cor	ntact with RTE foods or approve	ed	foo			
	alternate method	properly followed	_			ible Populations	
8	•	shing facilities supplied &		24 Pas	steurized foods used;	prohibited foods not offere	ed
	accessible	1.0			Chen	nicals	1050
	•	proved Source		25 Foo	od additives: approved	d & properly used	
9		m approved source		26 To:	dic substances properl	ly identified, stored, & used	d 🔲
10		proper temperature		11 1	Conformance with A	pproved Procedures	
		lition, safe, & unadulterated				e, specialized process, &	
12	destruction	available: shellstock tags, paras	lite []	HA	CCP plan		
		n from Contamination		Dick for	tare are impressor are	actices or procedures ident	ified
13	Food separated &					ting factors of foodborne II	
14 IN	Food-contact surfa	aces: cleaned & sanitized				entions are control measure	
15	Proper disposition	of returned, previously served,			prevent foodborn	e illness or injury.	
684.5	reconditioned, & u						
Nu		GC actices are preventative measures to X' are not in compliance	control the		ens, chemicals, and physi te during inspection	ical objects into foods. R =repeat violal	tion
500177		Food and Water		10000	Proper Use		
28 Pa	asteurized eggs used	where required		41 In-use	utensils: properly sto	pred	
	ater & ice from app			1000		s: properly stored, dried, &	
30 V	arlance obtained for	specialized processing methods		handle			
	Food Te	emperature Control		43 Single used	-use & single-service a	articles: properly stored &	. 3
		ds used; adequate equipment fo	or	0.000	used properly		
100	mperature control			Gioves	Utensils, Equipm	ant and Vandina	
		oked for hot holding		45 Food 8		faces cleanable, properly	
_	oproved thawing me				ed, constructed, & use		
34 T	nermometers provid			Control of the contro		illed, maintained, & used;	
		Indentification		test st			
35 Fo	ood properly labeled			47 Non-fo	od contact surfaces cl	lean	
16 T-		of Food Contamination		40	Physical I		-
,	sects, rodents, & an				cold water available; a		
	ontamination prever orage & display	ited during food preparation,	ш		ng installed; proper b		
_	ersonal cleanliness				e & waste properly dis		
	iping cloths: properi	ly used & stored			acilities: properly con	structed, supplied, &	
_	ashing fruits & vege			cleane 52 Garbao	ge & refuse properly d	isnosed: facilities	
**	acining iraits & rege			mainta		isposed, racilities	
					al facilities installed, m	naintained, & clean	
						ng; designated areas used	

F	ood Establishment I	nspection Repo	ort	
As Governed by Kansas City Health Department	License/Permit #			Date: Nov 10, 2014 Time In: 12:30 PM
2400 Troost Unit # 3200 Kansas City MO 64108 (816) 513-6315	105910		Т	ime Out: 12:45 PM
Establishment Chiefs Aramark Stand 127D	Address 1 Arrowhead Dr Kansas City MO 64129	City/State Kansas City / MO	Zip Code 64129	Telephone (816) 301-0765
	TEMPERATURE OBS	ERVATIONS		
	No temperatures observations were	recorded for this inspection		

OBSERVATIONS	AND	CORRECTIVE	ACTIONS
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Question	Item	Critical Violations are indicated by an asterisk (*).	
Number	Number	Violations cited in this report must be corrected within the time frames below, or as stated in the Food Code.	

GENERAL COMMENTS

This is a re-inspection followin the complaint investigation conducted 3 November 2014. The following has been corrected:

2-401.11 Observed no employee beverages in stand.

3-101.11 Observed all foods to be safe and honestly presented.

4-601.11 Observed all food contact surfaces to be clean to sight and touch.

6-501.11 Observed all physical facilities to be maintained in good repair and clean.

Notice of Re-inspection Fee Invoice # 408293 for the amount of \$183.00 was provided.

No follow-up necessary.

Follow-up Required:

No

Signature Date: Nov 10, 2014

Sign paper copy

Person in Charge: Tim Witkowski

		Food Establis	shme	nt Inspecti	on Report	
Kar 240 Kar	Governed by sas City Health Dep Troost Unit # 320 sas City MO 64108 5) 513-6315	artment No. of Re	o. of Ris	k Factor/Intervent k Factor/Intervent	ion Violations: 0	Date: Nov 10, 2014 Time In: 12:00 PM Time Out: 12:30 PM
Est Chi	rablishment efs Aramark Main chen	Address 1 Arrowhead Dr Kansas City MO 64129		City/State Kansas City / MO	Zip Code 64129	Telephone (816) 920-9330
Lic	ense/Permit # 732	Permit Holder Aramark Sports & Entertainment, LLC		Purpose of Inspection Follow-Up	Risk Cat Medium	Est. Type Restaurant/Deli
TA1 -	in compliance OUT-not	FOODBORNE ILLNESS RISK	FACTOR	S AND PUBLIC HEA		
-	in compliance OUT=not	in compliance N/O=not observed		not applicable COS=0		
-	Compliance Status	Supervision	COS F			COS R od Time/Temperature
1	PIC present, dem	onstrates knowledge, and perfor	ms 🔲	071-071	cooking time & tem	
: **:	duties	onstrates knowledge, and perior	1113	6.00	reheating procedure	
	Eı	mployee Health		200	cooling time & temp	
2	Management awa	reness; policy present		USS :	hot holding tempera	
3	Proper use of rep	orting, exclusion & restriction		() () () () () () () () () ()	cold holding temper	
Ç.,	Good	Hygienic Practice	97-1915		date marking & disp	
4	Proper eating, tas	sting, drinking, or tobacco use		100000	s a public health cor	
5	No discharge fron	n eyes, nose, and mouth		records		icron procedures a
	Preventing	Contamination by Hands			Consumer A	dvisory
б	Hands clean & pro	operly washed		1000000	ner advisory provide	ed for raw or undercooked
7		ntact with RTE foods or approve	d	foods		
	alternate method				Highly Susceptibl	
8	accessible	shing facilities supplied &		24 Pasteur		ohlbited foods not offered
		proved Source		DE Food or	Chemic	
9	-	m approved source			dditives: approved 8	
10		proper temperature				dentified, stored, & used
11		dition, safe, & unadulterated	-			proved Procedures
12		avallable: shellstock tags, parasi	te	27 Complia HACCP		specialized process, &
	Protectio	n from Contamination	California de Cal	Risk factors	are improper practi	ices or procedures identified
13	Food separated &	protected				g factors of foodborne illness
14	Food-contact surfa	aces: cleaned & sanitized				ons are control measures to
15	Proper disposition reconditioned, & L	_		The state of the s	prevent foodborne il	lness or Injury.
	Good Retail Pr Numbered items marked	actices are preventative measures to	control the	IL PRACTICES addition of pathogens, of the corrected on-site du		objects into foods. R=repeat violation
-,0::0		Food and Water		los:	Proper Use of	Utensils
28	Pasteurized eggs use			5772	nsils: properly store	
29	Water & ice from app	roved source		The state of the s	quipment & linens: p	properly stored, dried, &
30	Variance obtained for	specialized processing methods		handled Single use	9. cingle conden	islas, proporty stared 9
		emperature Control		43 Single-use used	a single-service arti	cles: properly stored &
31		ds used; adequate equipment fo	r LLL	44 Gloves use	d properly	
	temperature control	1 16 1.06.141.8			tensils, Equipmen	t and Vending
32	Plant food properly co			022452		ces cleanable, properly
33	Approved thawing me				constructed, & used	те сположения до при
34	Thermometers provid				ng facilities: installe	d, maintained, & used;
		1 Indentification		test strips		
35	Food properly labeled			47 Non-food c	ontact surfaces clea	n L
20		of Food Contamination		13047	Physical Fac	dental and the second
36	Insects, rodents, & ar			12.50	water available; ade	
37	Contamination prever storage & display	nted during food preparation,			nstalled; proper back	
38	Personal cleanliness			(8)(9)	waste properly dispo	
39	Wiping cloths: proper	ly used & stored	++		ies: properly constr	ucted, supplied, &
40	Washing fruits & vege		++	cleaned		and Granth
-10	**asining fruits & vege	LUDICS		52 Garbage & maintained	refuse properly disp	osea; racilities
			- 4	53 Physical fac	ilities installed, mai	ntained, & clean
				54 Adequate v	entilation & lighting;	; designated areas used

	Food Establishment I	nspection Rep	ort	
As Governed by Kansas City Health Departme	License/Permit #			Date: Nov 10, 2014 Time In: 12:00 PM
2400 Troost Unit # 3200 Kansas City MO 64108 (816) 513-6315	104732			ime Out: 12:30 PM
Establishment Chiefs Aramark Main Kitchen	Address 1 Arrowhead Dr Kansas City MO 64129	City/State Kansas City / MO	Zip Code 64129	Telephone (816) 920-9330
	TEMPERATURE OBSE	RVATIONS		
	No temperatures observations were r	ecorded for this inspection	(i	

Question	Item	Critical Violations are indicated by an asterisk (*).	
Number	Number	Violations cited in this report must be corrected within the time frames below, or as stated in the Food Code.	

GENERAL COMMENTS

This is a re-inspection following the complaint investigation conducted 3 November 2014. The following has been corrected:

- 2-401.11 Observed no employee beverages stored incorrectly.
- 5-205.11 Observed all hand sinks accessible.
- 3-101.11 Observed all foods safe and honestly presented.
- 3-202.15 Observed all food packages to be in good condition.
- 3-501.15 Did not observe any improper cooling methods.
- 3-501.17 Observed proper date marking.
- 7-201.11 Observed all chemicals properly stored.
- 4-903.11 Observed all food equipment stored appropriately.
- 4-501.11 Observed all equipment In good repair.
- 4-601.11 Observed all equipment to be clean.
- 6-501.11 Observed all physical facilities to be clean and in good repair.
- 6-403.11 Observed no employee items improperly stored.

Notice of Re-inspection Fee invoice #408290 for the amount of \$212.00 was provided.

Follow-up Required:

No

Signature Date: Nov 10, 2014

Person in Charge: Tim Witkowski

L	Food Establis	shme	ent In	spectio	n Report			
Ka 24 Ka	S Governed by	lo. of Ri	isk Factor	/Interventio	n Violations: 0	Date: Nov Time In: Time Out:	12:30 PM	
Es Ro	tablishment Address yals Aramark C-213 1 Royal Way rown Classics) Kansas City MO 64129		City/St Kansas	ate City / MO	Zip Code 64129	Telephone (816) 504-4000		
Lie	cense/Permit # 4190 Permit Holder Aramark Sports & Entertainment		Purpos Inspect	tion	Risk Cat Medium	Est. Type Restaurant/Deli		
	FOODBORNE ILLNESS RISK		RS AND P	UBLIC HEAL				
IN	=in compliance OUT=not in compliance N/O=not observed Compliance Status				rected on-site during	Inspection R=repea	t violation	
1	Supervision PIC present, demonstrates knowledge, and perfor dutles Employee Health	ms	16 17 18	Proper co		s for hot holding	cos R	
2	Management awareness; policy present		19		t holding temperat			
3	Proper use of reporting, exclusion & restriction Good Hyglenic Practice		20		ld holding tempera			
5	Proper eating, tasting, drinking, or tobacco use No discharge from eyes, nose, and mouth			Proper date marking & disposition Time as a public health control: procedures & records				
6	Preventing Contamination by Hands Hands clean & properly washed No bare hands contact with RTE foods or approved	23	Consumer Advisory					
)ľľ	alternate method properly followed				ghly Susceptible	Populations		
8	IN Adequate handwashing facilities supplied & accessible		24	Pasteurize		nibited foods not offer	ed	
	Approved Source		25	Food addit	Chemica ives: approved & p			
9	Food obtained from approved source		26			entified, stored, & use	ed H	
10	Food received at proper temperature					oved Procedures		
11	Food in good condition, safe, & unadulterated Required records available: shellstock tags, parasit destruction	e	27		e with variance, sp	pecialized process, &		
13	Protection from Contamination Food separated & protected	П	l as t	the most prev	alent contributing	es or procedures Iden factors of foodborne i	llness	
15	Food-contact surfaces: cleaned & sanitized Proper disposition of returned, previously served, reconditioned, & unsafe food	Ш			vent foodborne ilin	ns are control measur ess or injury.	es to	
	GOO		AIL PRACT					
	Good Retail Practices are preventative measures to consumer terms marked 'X' are not in compliance Safe Food and Water			patnogens, cner d on-site during		R=repeat viola	tion	
8	Pasteurized eggs used where required		1 (30)		s: properly stored			
9	Water & Ice from approved source	H		Jtensiis, equit nandled	ment & linens: pro	operly stored, dried, 8		
1	Variance obtained for specialized processing methods Food Temperature Control Proper cooling methods used; adequate equipment for		43 5	Single-use & s used		es: properly stored &		
: ::::::::::::::::::::::::::::::::::::	temperature control		44 (Gloves used p				
3	Plant food properly cooked for hot holding Approved thawing methods used	\blacksquare		ood & non-fo	isils, Equipment a od contact surfaces structed, & used	and Vending s cleanable, properly		
4	Thermometers provided & accurate	Ш				maintained, & used;		
5	Food Indentification Food properly labeled; original container			est strips Ion-food cont	act surfaces clean			
6	Prevention of Food Contamination		1	1-1-0 1:	Physical Facil			
6 7	Insects, rodents, & animals not present Contamination prevented during food preparation,	H	100 mm to 100 mm		er available; adequ			
153 5-2	storage & display		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		lled; proper backflo te properly dispose		++-	
8	Personal cleanliness		-		properly construc		++-	
9	Wiping cloths: properly used & stored Washing fruits & vegetables	H	52 G	leaned iarbage & refu	se properly dispos			
				naintained hysical faciliti	es installed, mainta	ined & clean		
						esignated areas used	+	
			100000		J	J 1	The state of the s	

Food Establishment Inspection Report										
As Governed by Kansas City Health Department	License/Permit #			Date: Nov 10, 201 Time In: 12:30 P						
2400 Troost Unit # 3200 Kansas City MO 64108 (816) 513-6315	104190		Time Out: 12:45 PM							
Establishment Royals Aramark C-213 (Crown Classics)	Address 1 Royal Way Kansas City MO 64129	City/State Kansas City / MO	Zip Code 64129	Telephone (816) 504-4000						
4	TEMPERATURE OBSE	RVATIONS								
	No temperatures observations were r	ecorded for this inspection								

Question Item Number Number

Critical Violations are indicated by an asterisk (*).

Violations cited in this report must be corrected within the time frames below, or as stated in the Food Code

GENERAL COMMENTS

Re-inspection following complaint investigation on 11/3/2014.

The following violations have been corrected:

8 5-205.11 Accessible Handsink Area: Hand washing sink was free of items limiting access. Handsink was accessible at time of re-inspection.

 $37\ 3\text{-}305.11$ Food Storage: Llds to ice machines closed and ice removed at time of re-inspection.

A re-Inspection fee of \$183.00 was assessed at the time of the inspection (Invoice No. 408300).

Follow-up Required:

No

Signature Date: Nov 06, 2014

Signed paper copy

Person in Charge: John

Inspector: Eric Dean