



Retail Food Establishment Inspection Report

Establishment Information	
Facility Name ANGELINI'S RISTORANTE	Facility Type Restaurant
Facility ID # ASTS-9X4KES	Facility Telephone # 608 783-5566
Facility Address 1427 STATE HWY 35 ONALASKA, WI 54650	
Licensee Name ANGELINI'S RISTORANTE LLC	Licensee Address 1427 HWY 35 ONALASKA, WI 54650

Inspection Information		
Inspection Type Routine	Inspection Date December 11, 2018	Total Time Spent

Equipment Temperatures	
Description	Temperature (Fahrenheit)
Leader pizza prep	39
Leader cook line prep	39
walk in cooler	40
bar 3 door reach ni cooler	36
bar bunker	38

Food Temperatures	
Description	Temperature (Fahrenheit)
hot hold tomato sauce	155
cold hold diced tomato	39

Warewashing Info					
Machine Name	Sanitization Method	Thermo Label	PPM	Sanitizer Name	Sanitizer Type
bar glass washer	chemical		150	chlorine	
kitchen dish machine	chemical		50	chlorine	

Certified Manager		
Name KELLY R ANGELINI	Certificate # DOGD-9DYBRW	Certificate Expiration 2/11/2019

OPERATOR - The violations in operating procedure or physical arrangement indicated below must be corrected by the next routine inspection or by a date specified in this report.

Comments:
Menu review and risk assessment conducted.

Any operator aggrieved by an order of this department under this chapter may request a hearing as provided in ch.227 statute, if state licensed, or a local ordinance if licensed by an agent health department.

Person in Charge

A handwritten signature in black ink, consisting of a stylized 'T' followed by a long, wavy horizontal line.

Tony Angelini

Sanitarian

A handwritten signature in black ink, featuring a large, stylized 'A' followed by several loops and a long horizontal stroke.

Aron Newberry
(608) 785-9730