

Retail Food Establishment Inspection Report

Establishment Information	
Facility Name CRAIGS CATERING LLC	Facility Type Caterer
Facility ID # HSAT-7QXNWW	Facility Telephone # 608 486-2212
Facility Address N9064 STATE RD 162 MINDORO , WI 54644	
Licensee Name CRAIG, GARY & EMILY	Licensee Address N9064 STATE RD 162 MINDORO , WI 54644

Inspection Information		
Inspection Type Routine	Inspection Date January 30, 2018	Total Time Spent

Equipment Temperatures	
Description walk-in coolers walk-in freezer	Temperature (Fahrenheit) 36, 38 2

Warewashing Info					
Machine Name	Sanitization Method	Thermo Label	PPM	Sanitizer Name	Sanitizer Type
3 compartment sink	chemical	-	100	bleach	sodium hypochlorite
spray bottles (2)	chemical	-	200	bleach	sodium hypochlorite

Certified Manager		
Name EMILY K CRAIG GARY C CRAIG	Certificate # DOGD-8GFBBC KBRN-8R2K9E	Certificate Expiration 5/10/2016 7/12/2016

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.

Observed Violations

Total # 1

Risk/Intervention - 1A - Certified food manager: duties

This is a core item

OBSERVATION: There is no approved certified food manager for this establishment.

CORRECTIVE ACTION(S): Provide an approved Wisconsin Certified, 360/Learn2Serve, Food Safety Professionals, Prometric, ServSafe or recertification for small operators certified food manager and post the certificate in the food establishment within [time period]. Correct By: 30-Apr-2018

CODE CITATION: 12-201.11 (A) An individual who operates a FOOD ESTABLISHMENT or at least one MANAGER of a FOOD ESTABLISHMENT, shall have a certificate issued by the DEPARTMENT that states that the individual or MANAGER has passed a DEPARTMENT APPROVED examination on FOOD protection practices as required in s. 254.71, Stats.; provided, however, that:

(1) A NEW FOOD ESTABLISHMENT or a FOOD ESTABLISHMENT undergoing a change of OPERATOR shall have a certified FOOD MANAGER within 90 days of the initial day of operation or provide documentation that an individual is scheduled within three (3) months to take and pass an APPROVED examination as specified in § 12-301.11.

(2) A FOOD ESTABLISHMENT that is not in compliance because of EMPLOYEE turnover or other loss of a CERTIFIED FOOD MANAGER, shall have 90 days from the date of the loss of a CERTIFIED FOOD MANAGER to comply with this chapter or provide documentation that the individual designated to be the CERTIFIED FOOD MANAGER will become certified within the time specified in this subparagraph.

Comments:

Contact Sam (785-9732) when corrected or with questions. Please provide a list of catering events for 2018 season. Risk assessment conducted at inspection.


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



Emily Craig

Sanitarian



Samuel Welch
(608) 785-9732