



Retail Food Establishment Inspection Report

Establishment Information	
Facility Name DOMINO'S PIZZA # 2107	Facility Type Restaurant
Facility ID # HSAT-7QWF92	Facility Telephone # 608 781-3345
Facility Address 224 SAND LAKE ROAD # B ONALASKA , WI 54650	
Licensee Name BURTON ENTERPRISES INC	Licensee Address 4033 BEVERLY DR ONALASKA , WI 54650

Inspection Information		
Inspection Type Routine	Inspection Date May 2, 2018	Total Time Spent

Equipment Temperatures	
Description	Temperature (Fahrenheit)
Randell prep top open	40
Walk in	38
Delfield	41
Avantco	40
Advantco	41

Warewashing Info					
Machine Name	Sanitization Method	Thermo Label	PPM	Sanitizer Name	Sanitizer Type
4 compartment warewashing sink	chemical		250		QA

Certified Manager		
Name PATRICK R POLLEX	Certificate # BSAW-7TCLMN	Certificate Expiration 4/1/2014

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 - 02 - Management, food employee, and conditional employee: knowledge, responsibilities and reporting**

This is a priority item

OBSERVATION: Person in charge has not informed or required food employees to report signs, symptoms, or diagnosis of foodborne illness.

CORRECTIVE ACTION(S): Inform food employees of the requirements to report signs, symptoms and diagnosis of foodborne illness to the person in charge. Correct By: 02-May-2018

CODE CITATION: 2-201.11 (A) The PERMIT/LICENSE HOLDER shall require FOOD EMPLOYEES and CONDITIONAL EMPLOYEES to report to the PERSON IN CHARGE, information about their health and activities as they relate to diseases that are transmissible through FOOD. A FOOD EMPLOYEE or CONDITIONAL EMPLOYEE shall report the information in a manner that allows the PERSON IN CHARGE to reduce the RISK of foodborne disease transmission, including providing necessary additional information, such as the date of onset of symptoms and an illness, or of a diagnosis without symptoms, if the FOOD EMPLOYEE or CONDITIONAL EMPLOYEE:

(1) Has any of the following symptoms:

- (a) Vomiting, [P]
- (b) Diarrhea, [P]
- (c) Jaundice, [P]
- (d) Sore throat with fever, [P] or
- (e) A lesion containing pus such as a boil or infected wound that is open or draining and is:
 - (i) On the hands or wrists, unless an impermeable cover such as a finger cotor stall protects the lesion and a SINGLE-USE glove is worn over the impermeable cover, [P]
 - (ii) On exposed portions of the arms, unless the lesion is protected by an impermeable cover, [P] or
 - (iii) On other parts of the body, unless the lesion is covered by a dry, durable, tight-fitting bandage; [P]

(2) Has an illness diagnosed by a HEALTH PRACTITIONER due to:

- (a) Norovirus, [P]
- (b) Hepatitis A virus, [P]
- (c) Shigella spp., [P]
- (d) ENTEROHEMORRHAGIC or SHIGA TOXIN-PRODUCING ESCHERICHIA COLI, [P]
- (e) Salmonella Typhi, [P] or
- (f) Salmonella spp. [P]

Note: A complete listing of communicable diseases that can be transmitted through FOOD can be obtained from any local health department.

(3) Had a previous illness, diagnosed by a HEALTH PRACTITIONER, within the past 3 months due to Salmonella Typhi, without having received antibiotic therapy, as determined by a HEALTH PRACTITIONER; [P]

(4) Has been exposed to, or is the suspected source of, a CONFIRMED DISEASE OUTBREAK, because the FOOD EMPLOYEE or CONDITIONAL EMPLOYEE consumed or prepared FOOD implicated in the outbreak, or consumed FOOD at an event prepared by an individual who is infected or ill with:

- (a) Norovirus within the past 48 hours of the last exposure, [P]
- (b) ENTEROHEMORRHAGIC or SHIGA TOXIN-PRODUCING ESCHERICHIA COLI, or Shigella spp. within the past 3 days of the last exposure, [P]
- (c) Salmonella Typhi within the past 14 days of the last exposure, [P] or
- (d) Hepatitis A virus within the past 30 days of the last exposure; [P] or

(5) Has been exposed by attending or working in a setting where there is a CONFIRMED DISEASE OUTBREAK, or living in the same household as, and has knowledge about, an individual who works or attends a setting where there is a CONFIRMED DISEASE OUTBREAK, or living in the same household as, and has knowledge about, an individual diagnosed with an illness caused by:

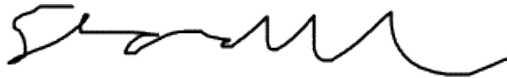
- (a) Norovirus within the past 48 hours of the last exposure, [P]
- (b) ENTEROHEMORRHAGIC or SHIGA TOXIN-PRODUCING ESCHERICHIA COLI, or Shigella spp. within the past 3 days of the last exposure, [P]
- (c) Salmonella Typhi within the past 14 days of the last exposure, [P] or
- (d) Hepatitis A virus within the past 45 days of the last exposure. [P]

Comments:

Discussed reporting symptoms of illness.

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



sloane alford

Sanitarian



Doug Schaefer
(608) 785-9679