



Retail Food Establishment Inspection Report

Establishment Information	
Facility Name FROSTY MUG	Facility Type Restaurant
Facility ID # HSAT-7QX7RM	Facility Telephone # 608 526-1111
Facility Address 612 MAIN ST N HOLMEN , WI 54636	
Licensee Name CORPORATION OF HOLMEN WI	Licensee Address W7874 HOMESTEAD CT HOLMEN , WI 54636

Inspection Information		
Inspection Type Routine	Inspection Date June 16, 2017	Total Time Spent

Equipment Temperatures	
Description refrigerators	Temperature (Fahrenheit) 41, 42

Warewashing Info						
Machine Name	Sanitization Method	Thermo Label	PPM	Sanitizer Name	Sanitizer Type	Temperature
3 compartment sink	chemical		nsu		QA	
Spray bottles	chemical		200		QA	

Certified Manager		
Name DENNIS A BOEHM	Certificate # DOGD-8CPBR6	Certificate Expiration 03/15/2016

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.

Comments:
Discussed prep sink and employee health illness symptoms reporting. Menu review 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

Sanitarian

Dennis Boehm

Doug Schaefer
(608) 785-9679