



Retail Food Establishment Inspection Report

Establishment Information	
Facility Name MIDWAY DELI	Facility Type Restaurant
Facility ID # HSAT-7QXF6D	Facility Telephone # 608 783-3540
Facility Address N5610 COUNTY ROAD OT ONALASKA , WI 54650	
Licensee Name VINER KATHY C	Licensee Address N5610 COUNTY ROAD OT ONALASKA , WI 54650

Inspection Information		
Inspection Type Routine	Inspection Date December 13, 2018	Total Time Spent

Equipment Temperatures	
Description M3 True	Temperature (Fahrenheit) 36 41

Food Temperatures	
Description soup soup	Temperature (Fahrenheit) 147 145

Warewashing Info					
Machine Name	Sanitization Method	Thermo Label	PPM	Sanitizer Name	Sanitizer Type
dish machine	chemical		100		chlorine

Certified Manager		
Name KATHLEEN C VINER	Certificate # DOGD-829A2B	Certificate Expiration 4/4/2015

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
<p>Total # 1</p> <p>Risk/Intervention - 1A - Certified food manager: duties This is a core item OBSERVATION: There is no approved food manager's certificate posted in the food establishment. CORRECTIVE ACTION(S): Provide & post an original State of Wisconsin, 360/Learn2Serve, Food Safety Professionals, Prometric, ServSave or recertification for small operators food manager's certificate. Correct By: 13-Dec-2018 CODE CITATION: 12-201.11(C) A FOOD ESTABLISHMENT shall post a certificate issued by the DEPARTMENT under this section in a conspicuous place on the premises of the FOOD ESTABLISHMENT.</p>

Comments:

Soups are made daily, no cooling or reheating.

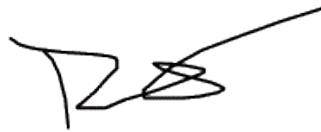
Any operator aggrieved by an order of this department under this chapter may request a hearing as provided in ch.227 statute, if state licensed, or a local ordinance if licensed by an agent health department.

Person in Charge



Kathy Viner

Sanitarian



Doug Schaefer
(608) 785-9679