



Retail Food Establishment Inspection Report

Establishment Information	
Facility Name ONALASKA AQUATIC CENTER	Facility Type Restaurant
Facility ID # HSAT-7QX3CZ	Facility Telephone # 608 878-9324
Facility Address 250 RIDERS CLUB RD ONALASKA, WI 54650	
Licensee Name CITY OF ONALASKA	Licensee Address 415 MAIN ST ONALASKA, WI 54650

Inspection Information		
Inspection Type Routine	Inspection Date August 6, 2018	Total Time Spent

Equipment Temperatures	
Description Stand up cooler - front Freezers Stand up cooler - back	Temperature (Fahrenheit) 37 0, -8, 04 26

Warewashing Info					
Machine Name	Sanitization Method	Thermo Label	PPM	Sanitizer Name	Sanitizer Type
4 compartment sink	chemical		400	Quaternary	
Sanitizer spray bottle	Chemical		400	ammonium	
				Quaternary	
				ammonium	

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>Good Retail Practices - 45 - Food and non-food contact surfaces cleanable, properly designed, constructed and used This is a core item OBSERVATION: Ice cream freezer is not maintained in good repair. Accumulation of ice buildup around outside of machine. CORRECTIVE ACTION(S): Repair equipment to good condition or remove from premise. Correct By: 01-Sep-2018 CODE CITATION: 4-501.11 (A) EQUIPMENT shall be maintained in a state of repair and condition that meets the requirements specified under Parts 4-1 and 4-2.</p>

Comments:
<p>1. Menu review and risk assessment conducted.</p> <p>2. Discussed employee illness policy</p> <p>3. CFM: Benjamin Marquardt - ServSafe 5/24/23</p> <p>4. Paper towel dispenser broken at time of inspection, other paper towel available.</p>

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



Nicole Frankfourth
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