



Retail Food Establishment Inspection Report

<b>Establishment Information</b>	
Facility Name <b>PRAIRIE INN &amp; SUITES</b>	Facility Type <b>Restaurant</b>
Facility ID # <b>HSAT-7QXQNB</b>	Facility Telephone # <b>608 781-4490</b>
Facility Address <b>3913 CIRCLE DR HOLMEN , WI 54636 -9187</b>	
Licensee Name <b>PRAIRIE INN &amp; SUITES INC</b>	Licensee Address <b>W5716 STUMILIN RD HOLMEN , WI 54636</b>

<b>Inspection Information</b>		
Inspection Type <b>Routine</b>	Inspection Date <b>February 14, 2020</b>	Total Time Spent

<b>Equipment Temperatures</b>	
Description <b>Aurora Freezer</b>	Temperature (Fahrenheit) <b>41 F</b>

<b>Warewashing Info</b>					
Machine Name	Sanitization Method	Thermo Label	PPM	Sanitizer Name	Sanitizer Type
<b>3 compartment sink</b>	<b>chemical</b>		<b>nsu</b>		<b>QA</b>

**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.

<b>Comments:</b>

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

**ken scott**

**Doug Schaefer  
(608) 785-9679**