



## Retail Food Establishment Inspection Report

<b>Establishment Information</b>	
Facility Name <b>TOPPERS PIZZA</b>	Facility Type <b>Restaurant</b>
Facility ID # <b>HSAT-7QXLWE</b>	Facility Telephone # <b>608 779-7979</b>
Facility Address <b>3100 KINNEY COULEE S RD ONALASKA , WI 54650</b>	
Licensee Name <b>PJD INVESTMENTS INC</b>	Licensee Address <b>605 2ND S AVE STE 150 ONALASKA , WI 54650</b>

<b>Inspection Information</b>		
Inspection Type <b>Routine</b>	Inspection Date <b>January 13, 2020</b>	Total Time Spent

<b>Food Temperatures</b>	
Description <b>HH pizza</b>	Temperature (Fahrenheit) <b>130</b>

<b>Certified Manager</b>		
Name <b>PHILIP J DOWNING</b>	Certificate # <b>DOGD-9SCBBP</b>	Certificate Expiration <b>3/15/2020</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.

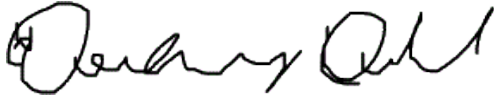
<b>Observed Violations</b>
<p><b>Total # 1</b></p> <p><b>Risk/Intervention - 08 - Adequate handwashing facilities supplied and accessible</b> This is a priority foundation item <b>OBSERVATION:</b> No single-use toweling or other hand drying device available at handwashing sink for hand drying. <b>CORRECTIVE ACTION(S):</b> Provide single-use toweling or other approved devices at handwashing sink to facilitate proper handwashing. Correct By: 13-Jan-2020 <b>CODE CITATION:</b> 6-301.12 Each HANDWASHING SINK or group of adjacent HANDWASHING SINKS shall be provided with: (A) Individual, disposable towels; [Pf] (B) A continuous towel system that supplies the user with a clean towel; Pf or (C) A heated-air hand drying device; [Pf] or (D) A hand drying device that employs an air-knife system that delivers high velocity, pressurized air at ambient temperatures. [Pf]</p>

<b>Comments:</b>
<p>Pizza and stix from 11-1. Time as a control in place, discarded after service. Pizza from the Onalaska store.</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



**Delaney Dahl**



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