



### Foodservice Establishment Inspection Report

<b>Establishment Information</b>	
Facility Name <b>BAUERS DAM RESORT</b>	Facility Type <b>Restaurant</b>
Facility ID # <b>HSAT-7QXRTR</b>	Facility Telephone # <b>715 479-4510</b>
Facility Address <b>3597 E BUCKATABON RD CONOVER , WI 54519</b>	
Licensee Name <b>BAUERS DAM RESORT INC</b>	Licensee Address <b>3597 E BUCKATABON RD CONOVER , WI 54519</b>

<b>Inspection Information</b>		
Inspection Type <b>Routine</b>	Inspection Date <b>04/19/2016</b>	Total Time Spent

<b>Equipment Temperatures</b>	
Description	Temperature (Fahrenheit)
Superior Cooler	<b>38</b>
M3 Cooler	<b>35</b>
Walk-In Cooler	<b>nsu</b>

<b>Food Temperatures</b>	
Description	Temperature (Fahrenheit)
Sliced Onion CH	<b>34</b>

<b>Warewashing Info</b>						
Machine Name	Sanitization Method	Thermo Label	PPM	Sanitizer Name	Sanitizer Type	Temperature
Lil Mizer	Low Temperature Sanitizer				Sodium Hypochlorite	

<b>Certified Manager</b>		
Name	Certificate #	Certificate Expiration
<b>DONNA J MILLER</b>	<b>DOGD-9FWAC4</b>	<b>4/11/2019</b>
<b>JESICA M MILLER</b>	<b>DOGD-A4SB2T</b>	<b>2/28/2021</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>
<b>Total # 0</b>

<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



**TAYLOR HAYNES**