



Retail Food Establishment Inspection Report

Establishment Information	
Facility Name BEST WESTERN-DERBY INN	Facility Type Restaurant
Facility ID # HSAT-7QXHJ4	Facility Telephone # 715 479-1600
Facility Address 1800 HWY 45 N EAGLE RIVER, WI 54521	
Licensee Name NORTH STAR MOTEL, INC	Licensee Address PO BOX 2470 EAGLE RIVER, WI 54521

Inspection Information		
Inspection Type Routine	Inspection Date April 7, 2017	Total Time Spent

Equipment Temperatures	
Description	Temperature (Fahrenheit)
Summit 1	38
Summit 2	39
Central	37

Warewashing Info						
Machine Name	Sanitization Method	Thermo Label	PPM	Sanitizer Name	Sanitizer Type	Temperature
Hobart	chemical		50			

Certified Manager		
Name MARY J HAYDEN	Certificate # KBRN-9T6NJY	Certificate Expiration 6/14/2020

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.

Comments:

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

Amy Springer