



Retail Food Establishment Inspection Report

Establishment Information	
Facility Name DERBY RACE TRACK	Facility Type Restaurant
Facility ID # HSAT-7QWUKT	Facility Telephone # 715 479-4424
Facility Address HWY 45 NORTH EAGLE RIVER, WI 54521	
Licensee Name FIVE D PROMOTIONS INC	Licensee Address PO BOX 1447 EAGLE RIVER, WI 54521

Inspection Information		
Inspection Type Routine	Inspection Date January 10, 2017	Total Time Spent

Equipment Temperatures	
Description Norlake reach-in refrigerator	Temperature (Fahrenheit) 34
Walk-in cooler	32

Warewashing Info						
Machine Name	Sanitization Method	Thermo Label	PPM	Sanitizer Name	Sanitizer Type	Temperature
3 compt sink	chemical		100	bleach		

Certified Manager		
Name STEVE J DECKER	Certificate # KBRN-95XT4A	Certificate Expiration 01/07/2018

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: Homestyle refrigerator is not ANSI certified or approved by the department. CORRECTIVE ACTION(S): Unapproved equipment shall be removed from food service. CODE CITATION: 4-205.11 (A) Except as specified under ¶ (B) of this section, FOOD EQUIPMENT that is certified or classified for sanitation by an American National Standards Institute (ANSI)-accredited certification program is deemed to comply with Parts 4-1 and 4-2 of this Chapter. (B) FOOD EQUIPMENT that is not certified or classified for sanitation by an American National Standards Institute (ANSI)-accredited certification program shall be approved by both the department of health services and the department of agriculture, trade and consumer protection.</p>

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

A handwritten signature in black ink, appearing to be 'Amy Springer', with a long horizontal flourish extending to the right.A handwritten signature in black ink, appearing to be 'Amy Springer', with a long horizontal flourish extending to the right.

Amy Springer