



### Retail Food Establishment Inspection Report

<b>Establishment Information</b>	
Facility Name <b>GREER'S PIER</b>	Facility Type <b>Restaurant</b>
Facility ID # <b>HSAT-7QX2J6</b>	Facility Telephone # <b>715 543-8456</b>
Facility Address <b>5536 USH 51 MANITOWISH WATERS , WI 54545</b>	
Licensee Name <b>GREER'S PIER INC</b>	Licensee Address <b>5536 USH 51 MANITOWISH WATERS , WI 54545</b>

<b>Inspection Information</b>		
Inspection Type <b>Routine</b>	Inspection Date <b>06/06/2016</b>	Total Time Spent

<b>Equipment Temperatures</b>	
Description	Temperature (Fahrenheit)
<b>Superior Cooler</b>	<b>33</b>
<b>Walk-in cooler</b>	<b>34</b>

<b>Food Temperatures</b>	
Description	Temperature (Fahrenheit)
<b>peppers - cold hold</b>	<b>36</b>

<b>Warewashing Info</b>						
Machine Name	Sanitization Method	Thermo Label	PPM	Sanitizer Name	Sanitizer Type	Temperature
<b>Four Compartment Sink</b>	<b>Low Temperature Sanitizer</b>		<b>200</b>	<b>Quat-tabs</b>		

<b>Certified Manager</b>		
Name <b>PAMELA J FITZGERALD</b>	Certificate # <b>DOGD-9FWAZE</b>	Certificate Expiration <b>4/27/2019</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



**Amy Springer**