



Retail Food Establishment Inspection Report

Establishment Information	
Facility Name HOLIDAY CORNER	Facility Type Restaurant
Facility ID # HSAT-7QWCHK	Facility Telephone # 715 479-9055
Facility Address 100 E DIVISION ST EAGLE RIVER , WI 54521	
Licensee Name RICHARDS TIMOTHY S	Licensee Address 632 ADAMS RD EAGLE RIVER , WI 54521

Inspection Information		
Inspection Type Routine	Inspection Date 09/06/2016	Total Time Spent

Equipment Temperatures	
Description	Temperature (Fahrenheit)
Prep Line Cooler	28
Walk In Cooler	28
Norlake Cooler	31

Food Temperatures	
Description	Temperature (Fahrenheit)
Onions CH	40
Fried Onions HH	137

Warewashing Info						
Machine Name	Sanitization Method	Thermo Label	PPM	Sanitizer Name	Sanitizer Type	Temperature
ADS	Low Temperature Sanitizer		50		Sodium Hypochlorite	

Certified Manager		
Name WHITNEY R RICHARDS	Certificate # KBRN-9ZDQV5	Certificate Expiration 6/15/2020

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.

Observed Violations
Total # 0

Comments
Review when to use gloves in kitchen (when handling any ready-to-eat foods such as buns, lettuce, tomato etc...)

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