



Retail Food Establishment Inspection Report

| Establishment Information | |
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| Facility Name MCGREGORS BLINK BONNIE INC | Facility Type Restaurant |
| Facility ID # HSAT-7QWCJD | Facility Telephone # 715 542-3678 |
| Facility Address 8997 HWY 70 W SAINT GERMAIN, WI 54558 | |
| Licensee Name MCGREGORS BLINK BONNIE INC | Licensee Address PO BOX 9 ST GERMAIN, WI 54558-0009 |

| Inspection Information | | |
|-------------------------------|-------------------------------------|------------------|
| Inspection Type Routine | Inspection Date October 17, 2016 | Total Time Spent |

| Equipment Temperatures | |
|-------------------------------|--------------------------|
| Description | Temperature (Fahrenheit) |
| Hobart - salad cooler | 37 |
| Silver King | 37 |
| Walk-in cooler | 40 |

| Warewashing Info | | | | | | |
|-------------------------|---------------------|--------------|-----|----------------|---------------------|-------------|
| Machine Name | Sanitization Method | Thermo Label | PPM | Sanitizer Name | Sanitizer Type | Temperature |
| CMA-C-2 | Low - temp | | 100 | Ultra Kleen | Sodium Hypochlorite | |

| Certified Manager | | |
|--------------------------|------------------------------|--------------------------------------|
| Name SCOTT R MCGREGOR | Certificate # DOGD-8VSA2S | Certificate Expiration 05/20/2018 |

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 - 46 - Warewashing facilities: installed, maintained, & used: test strips This is a priority foundation item REPEAT OBSERVATION: A chlorine test kit is not available for checking sanitizer concentrations. CORRECTIVE ACTION(S): Provide a test kit or other device for measuring the concentration of sanitizing solutions. CODE CITATION: 4-302.14 A test kit or other device that accurately measures the concentration in mg/L of SANITIZING solutions shall be provided. [Pf]</p> |

| Comments |
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provided in ch.227 statute, if state licensed, or a local ordinance if licensed by an agent health department.

Person in Charge

~~SA~~ M'CS:-

Sanitarian



Amy Springer