



### Retail Food Establishment Inspection Report

<b>Establishment Information</b>	
Facility Name <b>RED MAN</b>	Facility Type <b>Restaurant</b>
Facility ID # <b>ASPR-9LLJYR</b>	Facility Telephone # <b>808 298-4403</b>
Facility Address <b>6366 HWY 45 LAND O LAKES , WI 54540</b>	
Licensee Name <b>WARTH INVESTMENTS</b>	Licensee Address <b>PO BOX 449 LAND O LAKES , WI 54540</b>

<b>Inspection Information</b>		
Inspection Type <b>Routine</b>	Inspection Date <b>08/26/2016</b>	Total Time Spent

<b>Equipment Temperatures</b>	
Description	Temperature (Fahrenheit)
Walk-in cooler	<b>38</b>
Edesa reach-in cooler	<b>36</b>
Avamtcp reach-in prep cooler	<b>35</b>
True reach-in cooler	<b>38</b>
True reach-in cooler	<b>41</b>

<b>Food Temperatures</b>	
Description	Temperature (Fahrenheit)
Cut tomatoes	<b>36</b>

<b>Warewashing Info</b>						
Machine Name	Sanitization Method	Thermo Label	PPM	Sanitizer Name	Sanitizer Type	Temperature
American Dish			100	Ultra Kleen	sodium hypo chloride	

<b>Certified Manager</b>		
Name <b>MARK K WARNER</b>	Certificate # <b>KBRN-9MQLGA</b>	Certificate Expiration <b>6/9/2019</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

Handwritten initials 'EM' and 'QR' in black ink.

Sanitarian

Handwritten signature of Amy Springer in black ink.  
**Amy Springer**