



Retail Food Establishment Inspection Report

Establishment Information	
Facility Name WEBER'S WILDLIFE	Facility Type Restaurant
Facility ID # HSAT-7QX4M2	Facility Telephone # 715 542-3781
Facility Address 2649 HWY C SAYNER , WI 54560	
Licensee Name STECKER KAREN	Licensee Address 2649 HWY C SAYNER , WI 54560

Inspection Information		
Inspection Type Routine	Inspection Date January 20, 2017	Total Time Spent

Equipment Temperatures	
Description	Temperature (Fahrenheit)
True 3 door cooler	41
True 2 door cooler	38

Warewashing Info						
Machine Name	Sanitization Method	Thermo Label	PPM	Sanitizer Name	Sanitizer Type	Temperature
Four Compartment Sink	Low Temperature Sanitizer					

Certified Manager		
Name DOUGLAS W KNAPP	Certificate # KBRN-8QDRT4	Certificate Expiration 01/16/2017

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</p> <p>This is a core item</p> <p>OBSERVATION: Significant food preparation is occurring without the use of a food preparation sink.</p> <p>CORRECTIVE ACTION(S): A food preparation sink shall be provided for significant food preparation or in instances where food preparation is occurring below the flood level rim of a sink compartment such as thawing or vegetable washing.</p> <p>CODE CITATION: 4-301.16 Unless an alternative method is APPROVED by the REGULATORY AUTHORITY, in NEW FOOD ESTABLISHMENTS and at the time of change in the OPERATOR of an EXISTING FOOD ESTABLISHMENT, if FOOD items are placed into a sink compartment below the flood level rim for the purposes of cleaning or thawing, the OPERATOR shall provide a FOOD preparation sink that meets the requirements as specified in §§ 4-205.11, 5-202.13, and 5-402.11.</p>

Comments

Douglas Knapp recert cfm on February 20th, 2017. Send copy of CFM certificate once obtained to 330 Court Street, Eagle River, WI 54521

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