



Retail Food Establishment Inspection Report

Establishment Information	
Facility Name REULAND'S CATERING	Facility Type Restaurant
Facility ID # HSAT-7QXR3Z	Facility Telephone # 715 358-8988
Facility Address 1571 HWY 51 N ARBOR VITAE , WI 54568	
Licensee Name REULAND CATERING LLC	Licensee Address 1571 HWY 51 N ARBOR VITAE , WI 54568

Inspection Information		
Inspection Type Routine	Inspection Date April 5, 2017	Total Time Spent

Equipment Temperatures	
Description	Temperature (Fahrenheit)
Walk-In Cooler	35
True reach-in cooler	32

Food Temperatures	
Description	Temperature (Fahrenheit)
Pasta Salad - cold hold	35

Warewashing Info						
Machine Name	Sanitization Method	Thermo Label	PPM	Sanitizer Name	Sanitizer Type	Temperature
AC-3D-S	Low Temp Sanitizer		50	ProPower		

Certified Manager		
Name ANDREA M REULAND	Certificate # KBRN-9KJP7E	Certificate Expiration 4/21/2019

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>Risk/Intervention - 08 - Adequate handwashing facilities supplied and accessible</p> <p>This is a core item</p> <p>OBSERVATION: No handwashing signage provided in the restrooms.</p> <p>CORRECTIVE ACTION(S): Provide handwashing signage at all handwashing sinks used by food employees.</p> <p>CODE CITATION: 6-301.14 A sign or poster that notifies FOOD EMPLOYEES to wash their hands shall be provided at all HANDWASHING SINKS used by FOOD EMPLOYEES and shall be clearly visible to FOOD EMPLOYEES.</p>

Comments:

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