

VILAS COUNTY PUBLIC  
HEALTH DEPARTMENT  
Environmental Health  
330 Court Street  
Eagle River, WI 54521  
F-45002A (Rev. 09/08)



STATE OF WISCONSIN  
s. 97.30, s. 254.61, Subchapter  
VII, Wis. Stats.

## Retail Food Establishment Inspection Report

| <b>Establishment Information</b>                                    |   |
|---|---|
| Facility Name<br>T J GRIZZLIES                                      | Facility Type<br>Restaurant                                 |
| Facility ID #<br>HSAT-7QWDGA  | Facility Telephone #<br>715 547-3700                        |
| Facility Address<br>4283 COUNTY HIGHWAY B<br>LAND O LAKES, WI 54540 |   |
| Licensee Name<br>HOGANS GRIZZLIES LLC                               | Licensee Address<br>PO BOX 354<br>LAND O LAKES, WI<br>54540 |

| <b>Inspection Information</b> |                                  |                  |
|-------------------------------|----------------------------------|------------------|
| Inspection Type<br>Routine    | Inspection Date<br>June 02, 2016 | Total Time Spent |

| <b>Equipment Temperatures</b> |                          |
|-------------------------------|--------------------------|
| Description                   | Temperature (Fahrenheit) |
| Walk-In Cooler                | 26                       |
| Superior Cooler               | 31.5                     |
| Delfield                      | 25.5                     |

| <b>Food Temperatures</b> |                          |
|--------------------------|--------------------------|
| Description              | Temperature (Fahrenheit) |
| Pizza Sauce CH           | 27                       |
| Sausage CH               | 27                       |

| <b>Warewashing Info</b> |                           |              |     |                |                |             |
|-------------------------|---------------------------|--------------|-----|----------------|----------------|-------------|
| Machine Name            | Sanitization Method       | Thermo Label | PPM | Sanitizer Name | Sanitizer Type | Temperature |
| Four Compartment Sink   | Low Temperature Sanitizer |              | 100 |                | Bleach         |             |

| <b>Certified Manager</b> |                              |                                      |
|--------------------------|------------------------------|--------------------------------------|
| Name<br>MARK J HOGAN     | Certificate #<br>DOGD-92KBCK | Certificate Expiration<br>02/28/2018 |

**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.

|                            |
|----------------------------|
| <b>Observed Violations</b> |
| Total # 0                  |

|                 |
|-----------------|
| <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



Sanitarian



TAYLOR HAYNES