



Retail Food Establishment Inspection Report

| Establishment Information | |
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| Facility Name THE BEAR TRAP INN | Facility Type Restaurant |
| Facility ID # ASPR-9FMQZA | Facility Telephone # 608 658-9450 |
| Facility Address 4703 COUNTY RD B LAND O LAKES, WI 54540 | |
| Licensee Name BAERTSCHY ENTERPRISES | Licensee Address 4703 COUNTY HWY B LAND O LAKES, WI 54540 |

| Inspection Information | | |
|-----------------------------------|--|------------------|
| Inspection Type Routine | Inspection Date June 1, 2017 | Total Time Spent |

| Equipment Temperatures | |
|-------------------------------|--------------------------|
| Description | Temperature (Fahrenheit) |
| Walk-in cooler | 38 |
| True reach-in cooler | 38 |
| Haier | 34 |

| Warewashing Info | | | | | | |
|-------------------------|---------------------|--------------|-----|----------------|----------------------|-------------|
| Machine Name | Sanitization Method | Thermo Label | PPM | Sanitizer Name | Sanitizer Type | Temperature |
| CMA | | | 100 | Ultra Kleen | Sodium hypo-chlorite | |

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 |
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| <p>Total # 2</p> <p>Risk/Intervention - 1A - Certified food manager: duties This is a core item OBSERVATION: There is no approved food manager's certificate posted in the food establishment. CORRECTIVE ACTION(S): Provide & post an original State of Wisconsin, 360/Learn2Serve, Food Safety Professionals, Prometric, ServSave or recertification for small operators food manager's certificate. CODE CITATION: 12-201.11(C) A FOOD ESTABLISHMENT shall post a certificate issued by the DEPARTMENT under this section in a conspicuous place on the premises of the FOOD ESTABLISHMENT.</p> <p>Good Retail Practices - 45 - Food and non-food contact surfaces cleanable, properly designed, constructed and used This is a core item OBSERVATION: Haier homestyle refrigerator is not ANSI certified or approved by the department. Coleslaw noted in Sterilite containers. CORRECTIVE ACTION(S): Unapproved equipment shall be removed from food service. Do not store food in containers that are not food grade approved. CODE CITATION: 4-205.11 (A) Except as specified under ¶ (B) of this section, FOOD EQUIPMENT that is certified or classified for sanitation by an American National Standards Institute (ANSI)-accredited certification program is deemed to comply with Parts 4-1 and 4-2 of this Chapter. (B) FOOD EQUIPMENT that is not certified or classified for sanitation by an American National Standards Institute (ANSI)-accredited certification program shall be approved by both the department of health services and the department of agriculture, trade and consumer protection.</p> |

Comments:

[Certified Food Manager: Samantha Stefonek 14614826 expires 1/17/2022.](#)

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