



Retail Food Establishment Inspection Report

Establishment Information	
Facility Name THIRTY POINT TRADING POST & TAP	Facility Type Restaurant
Facility ID # HSAT-7QXD83	Facility Telephone # 715 543-8550
Facility Address 6683 CTY HWY W PRESQUE ISLE, WI 54557	
Licensee Name WAINIO CORPORATION	Licensee Address 6683 COUNTY ROAD W WINCHESTER, WI 54557

Inspection Information		
Inspection Type Routine	Inspection Date March 10, 2017	Total Time Spent

Equipment Temperatures	
Description Walk-In Cooler	Temperature (Fahrenheit) 35
Bevarage Air Cooler	30

Warewashing Info						
Machine Name	Sanitization Method	Thermo Label	PPM	Sanitizer Name	Sanitizer Type	Temperature
Four Compartment Warewash	Low Temperature Sanitizer		100			

Certified Manager		
Name JOAN T WAINIO	Certificate # DOGD-9GSB6H	Certificate Expiration 5/17/2019

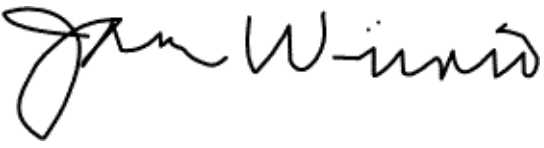
OPERATOR - The violations in operating procedure or physical arrangement indicated below must be corrected by the next routine inspection or by a date specified in this report.

Observed Violations
Total # 1
Good Retail Practices - 45 - Food and non-food contact surfaces cleanable, properly designed, constructed and used This is a core item REPEAT OBSERVATION: Homestyle stove is not ANSI certified or approved by the department. CORRECTIVE ACTION(S): Unapproved equipment shall be removed from food service. 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.

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

A handwritten signature in black ink that reads "Jim Winn". The signature is written in a cursive style with a large, looping initial "J".

Sanitarian



Amy Springer

A handwritten signature in black ink that reads "Amy Springer". The signature is written in a cursive style with a large, looping initial "A". Below the signature, the name "Amy Springer" is printed in a standard black font.