



Retail Food Establishment Inspection Report

Establishment Information	
Facility Name MCDONALDS # 12337	Facility Type Restaurant
Facility ID # HSAT-7QWMCA	Facility Telephone # 608 783-7274
Facility Address 9398 STATE ROAD 16 ONALASKA, WI 54650	
Licensee Name COURTESY CORPORATION	Licensee Address 2700 NATIONAL DR STE 100 ONALASKA, WI 54650

Inspection Information		
Inspection Type Routine	Inspection Date November 04, 2016	Total Time Spent

Equipment Temperatures	
Description	Temperature (Fahrenheit)
Freezers	14, 12, 9, 3
Refrigeration	41, 39.5, 39.5, 41.5, 41, 39

Food Temperatures	
Description	Temperature (Fahrenheit)
HH - saus	155, 145
HH - eggs	138, 142
HH - steak	148
Cook - chicken breast	187
Cook - beef burger	163
Cook - McChicken	203
Cook - fish	166
CH - ice cream machines	38, 40.5

Warewashing Info						
Machine Name	Sanitization Method	Thermo Label	PPM	Sanitizer Name	Sanitizer Type	Temperature
Four compartment sink	Chemical		400	Quaternary ammonium		
Sanitizer Bucket	Chemical		200	Quaternary ammonium		
Sanitizer bucket	Chemical		NSU	Quaternary ammonium		

Certified Manager		
Name	Certificate #	Certificate Expiration
EMILY A KLATT	KBRN-8YCQV5	5/2/2017
ANGELA K SPARKS	KBRN-9CYN7Y	8/23/2018

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.

Observed Violations
Total # 1
<p>Risk/Intervention - 08 - Adequate handwashing facilities supplied and accessible This is a core item OBSERVATION: No handwashing signage provided at kitchen handwashing sink. CORRECTIVE ACTION(S): Provide handwashing signage at all handwashing sinks used by food employees. Correct By: 04-Nov-2016 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
1. Menu review and risk assessment conducted.

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




Nicole Frankfourth
(608) 785-9731