



Foodservice Establishment Inspection Report

<b>Establishment Information</b>	
Facility Name MICROTEL INN	Facility Type Restaurant
Facility ID # KBRN-82CLFD	Facility Telephone # 608 783-0833
Facility Address 3240 KINNEY COULEE RD N ONALASKA , WI 54650	
Licensee Name SHREE JI LLC	Licensee Address 3240 KINNEY COULEE RD N ONALASKA , WI 54650

<b>Inspection Information</b>		
Inspection Type Routine	Inspection Date 01/15/2016	Total Time Spent

<b>Equipment Temperatures</b>	
Description	Temperature (Fahrenheit)
reach-in coolers	35, 40
reach-in freezer	-8, 15

<b>Food Temperatures</b>	
Description	Temperature (Fahrenheit)
juice (machine)	41
milk (hold)	34

<b>Warewashing Info</b>					
Machine Name	Sanitization Method	Thermo Label	PPM	Sanitizer Name	Sanitizer Type
3 compartment sink	chemical	-	NSU	EcoLab Oasis	QA
dispenser	chemical	-	300	146 Multi-Quat	QA
				EcoLab Oasis	
				146 Multi-Quat	

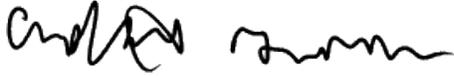
**OPERATOR** - The violations in operating procedure or physical arrangement indicated below must be corrected by the next routine inspection or by a date specified in this report.

<b>Observed Violations</b>
<p><b>Total # 1</b></p> <p><b>Good Retail Practices - 46 - Warewashing facilities: installed, maintained, &amp; used: test strips</b> This is a priority foundation item</p> <p><b>OBSERVATION: (CORRECTED DURING INSPECTION):</b> The 3 compartment sink is not set up properly in the manual warewashing operation.</p> <p><b>CORRECTIVE ACTION(S):</b> Properly set up the 3 compartment sink for manually washing (soapy water), rinsing (clear water), and sanitizing (Oasis 146 Multi-Quat at 200-400 ppm) equipment and utensils. Correct By: 15-Jan-2016</p> <p><b>CODE CITATION:</b> 4-301.12 (A) Except as specified in ¶ (C) of this section, a sink with at least 3 compartments shall be provided for manually washing, rinsing, and SANITIZING EQUIPMENT and UTENSILS. [Pf]</p>

<b>Comments</b>
Contact Sam (785-9732) with questions. Risk assessment and menu review conducted at inspection. Research options for adding a hand sink in the kitchen area, remodel planned.

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



**Crystal Greenwald**

Sanitarian



**Samuel Welch**  
**(608) 785-9732**