



Foodservice Establishment Inspection Report

Establishment Information	
Facility Name MUDDY CREEK	Facility Type Restaurant
Facility ID # ASTS-8N2QNE	Facility Telephone # 608 857-3190
Facility Address N9274 STATE RD 108 MINDORO , WI 54644	
Licensee Name JOHNSON, JOSHUA	Licensee Address N9274 STATE RD 108 MINDORO , WI 54644

Inspection Information		
Inspection Type Routine	Inspection Date 06/10/2015	Total Time Spent

Equipment Temperatures	
Description	Temperature (Fahrenheit)
Refrigeration	40

Warewashing Info					
Machine Name	Sanitization Method	Thermo Label	PPM	Sanitizer Name	Sanitizer Type
4 compartment bar sink	chemical		nsu		

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 # 0

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

Sanitarian

Doug Schaefer
(608) 785-9679