



Retail Food Establishment Inspection Report

| Establishment Information | |
|--|---|
| Facility Name NESHONOC | Facility Type Restaurant |
| Facility ID # ASTS-9EHJND | Facility Telephone # 608 786-1792 |
| Facility Address N5334 NESHONOC RD WEST SALEM , WI 54669 | |
| Licensee Name MHC NESHONOC LLC | Licensee Address PO BOX 8000 BUS LICENSING UNIT MONSEY , NY 10952 |

| Inspection Information | | |
|-----------------------------------|--------------------------------------|------------------|
| Inspection Type Routine | Inspection Date 09/28/2016 | Total Time Spent |

| Equipment Temperatures | |
|-------------------------------|--------------------------|
| Description | Temperature (Fahrenheit) |
| Reach-in cooler | 38 |
| Reach-in freezers | -1, 10 |

| Warewashing Info | | | | | | |
|---------------------------|---------------------|--------------|------------|------------------|----------------|-------------|
| Machine Name | Sanitization Method | Thermo Label | PPM | Sanitizer Name | Sanitizer Type | Temperature |
| 3 compartment sink | chemical | - | NSU | Sani-T 10 | QA | |

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 |
|--|
| No violations noted at inspection. Contact Sam (785-9732) with questions. Research options for non hand-operated controls on the handwash sinks in the employee restrooms and foodservice areas. |

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

Patti Stellmaker

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