



Foodservice Establishment Inspection Report

Establishment Information	
Facility Name NICKS	Facility Type Restaurant
Facility ID # HSAT-7QWL95	Facility Telephone # 608 786-1696
Facility Address W4000 COUNTY ROAD M WEST SALEM, WI 54669	
Licensee Name KNEIFL NICK	Licensee Address W4000 COUNTY ROAD M WEST SALEM, WI 54669

Inspection Information		
Inspection Type Routine	Inspection Date February 11, 2016	Total Time Spent

Equipment Temperatures	
Description	Temperature (Fahrenheit)
Refrigeration	39, 35.5, 38
Freezers	-4

Warewashing Info					
Machine Name	Sanitization Method	Thermo Label	PPM	Sanitizer Name	Sanitizer Type
4 comp sink	Chemical		NSU	Quaternary ammonium	

Certified Manager		
Name JASON J KNEIFL	Certificate # DOGD-8WR9SJ	Certificate Expiration 10/10/2017

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
<ol style="list-style-type: none"> 1. Menu review and risk assessment conducted. 2. Facility serves only precooked items (brats, burgers) for 1 meal period at time.

3. No violations at time of inspection.

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