



Foodservice Establishment Inspection Report

Establishment Information	
Facility Name ONALASKA OMNI CENTER	Facility Type Restaurant
Facility ID # ASTS-A9FQD8	Facility Telephone # 608
Facility Address 255 RIDERS CLUB ONALASKA , WI 54650	
Licensee Name COMM DVLPMNT AUTHORITY	Licensee Address 415 MAIN ST ONALASKA , WI 54650

Inspection Information		
Inspection Type Routine	Inspection Date 06/09/2016	Total Time Spent

Equipment Temperatures	
Description	Temperature (Fahrenheit)
Refrigeration	40, 40

Warewashing Info						
Machine Name	Sanitization Method	Thermo Label	PPM	Sanitizer Name	Sanitizer Type	Temperature
3 C sink			nsu		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
<p>Total # 1</p> <p>Risk/Intervention - 08 - Adequate handwashing facilities supplied and accessible</p> <p>This is a priority foundation item</p> <p>OBSERVATION: Soap not available at food employee handwashing sink.</p> <p>CORRECTIVE ACTION(S): Provide hand soap at handwashing sink to facilitate proper handwashing. Correct By: 09-Jun-2016</p> <p>CODE CITATION: 6-301.11 Each HANDWASHING SINK or group of 2 adjacent HANDWASHING SINKS shall be provided with a supply of hand cleaning liquid, powder, or bar soap. [Pf]</p>

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
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