



## Foodservice Establishment Inspection Report

<b>Establishment Information</b>	
Facility Name PAPA MURPHY'S - ONALASKA	Facility Type Small Potentially Hazardous
Facility ID # ASTS-8S5U5V	Facility Telephone # 608 779-5505
Facility Address 1220 CROSSING MEADOWS DR ONALASKA, WI 54650	
Licensee Name PAPA MURPHYS OF MINN LLC	Licensee Address 1940 CENTRAL AVE MCKINLEYVILLE, CA 95519

<b>Inspection Information</b>		
Inspection Type Routine	Inspection Date November 20, 2015	Total Time Spent

<b>Equipment Temperatures</b>	
Description	Temperature (Fahrenheit)
Refrigeration	41, 37, 38, 40.5 (walkin)

<b>Food Temperatures</b>	
Description	Temperature (Fahrenheit)
Cold hold - pizza prep	36, 37

<b>Warewashing Info</b>					
Machine Name	Sanitization Method	Thermo Label	PPM	Sanitizer Name	Sanitizer Type
3 comp sink	Chemical		100	Chlorine	
Sanitizer Bucket			50	Chlorine	

<b>Certified Manager</b>		
Name JOSHUA R MILLER	Certificate # KBRN-8YGQ8D	Certificate Expiration 11/28/2016

**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>
<b>Total # 0</b>

**Comments**

1. menu review and risk assessment conducted. Facility does not use any raw meats.
2. Facility uses Time as Control for pizza crusts - discarded after 4 hours.
3. No violations observed 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



**Nate Miller**

Sanitarian



**Nicole Frankfourth**  
**(608) 785-9731**