



Retail Food Establishment Inspection Report

<b>Establishment Information</b>	
Facility Name PIZZA VILLA - WEST SALEM	Facility Type Restaurant
Facility ID # HSAT-7QXD4P	Facility Telephone # 608 786-2515
Facility Address 156 S LEONARD ST WEST SALEM , WI 54669	
Licensee Name LAUSCHER SUZANNE K	Licensee Address 156 S LEONARD ST WEST SALEM , WI 54669

<b>Inspection Information</b>		
Inspection Type Routine	Inspection Date 06/30/2016	Total Time Spent

<b>Equipment Temperatures</b>	
Description	Temperature (Fahrenheit)
reach-in coolers	38,36,38
prep top cooler	39
reach-in freezer	2
chest freezers	-11, -0, -5

<b>Warewashing Info</b>						
Machine Name	Sanitization Method	Thermo Label	PPM	Sanitizer Name	Sanitizer Type	Temperature
3 compartment sink (kitchen)	chemical	-	100	chlorine bleach	sodium hypochlorite	

<b>Certified Manager</b>		
Name SUZANNE K LAUSCHER	Certificate # DOGD-9U7AWP	Certificate Expiration 5/24/2020

**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>
<p><b>Total # 1</b></p> <p><b>Good Retail Practices - 45 - Food and non-food contact surfaces cleanable, properly designed, constructed and used</b></p> <p>This is a core item</p> <p><b>OBSERVATION:</b> The plastic flour scoop is not maintained in good repair.</p> <p><b>CORRECTIVE ACTION(S):</b> Repair equipment to good condition or remove from premise. Discard scoop.</p> <p>Correct By: 30-Jun-2016</p> <p><b>CODE CITATION:</b> 4-501.11 (A) EQUIPMENT shall be maintained in a state of repair and condition that meets the requirements specified under Parts 4-1 and 4-2.</p>

<b>Comments</b>
Contact Sam (785-9732) when corrected or with questions. Risk assessment and menu review conducted at 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

**Insp 6/30 /c Sue Lauscher, computer failed,  
report emailed 7/1/16**

Sanitarian

A handwritten signature in black ink, appearing to read 'S. Welch', with a stylized, cursive script.

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