



Lodging Establishment Inspection Report

Establishment Information	
Facility Name DRAGONFLY RETREAT	Facility Type Tourist Rooming House (LTR)
Facility ID # ASTS-9LLJES	Facility Telephone # 608 451-0048
Facility Address 305 17TH AVE N BANGOR, WI 54614	
Licensee Name DRAGONFLY RETREAT LLC	Licensee Address 925 ROLLING HILLS ST BANGOR, WI 54614

Inspection Information		
Inspection Type Routine	Inspection Date June 03, 2016	Total Time Spent

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
<ul style="list-style-type: none">1. No violations at time of inspection.2. Nicole will send information for comparative compliance for sanitizing dishes.3. Kitchen refrig 41 - water temp 111

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