



Lodging Establishment Inspection Report

<b>Establishment Information</b>	
Facility Name <b>SHADOW RUN MOTEL</b>	Facility Type <b>Lodging 5-30 Rooms (LH1)</b>
Facility ID # <b>HSAT-7QX64Y</b>	Facility Telephone # <b>608 783-0020</b>
Facility Address <b>710 2ND N AVE ONALASKA , WI 54650 -2207</b>	
Licensee Name <b>ZORAN MARKOVIC</b>	Licensee Address <b>710 2ND N ONALASKA , WI 54650 -2207</b>

<b>Inspection Information</b>		
Inspection Type <b>Routine</b>	Inspection Date <b>12/08/2016</b>	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.

<b>Observed Violations</b>
<p><b>Total # 1</b></p> <p><b>Observed Violations - 46 - Smoke and Carbon Monoxide Detection</b></p> <p><b>OBSERVATION:</b> Carbon monoxide detector was not installed per manufacturer's directions.</p> <p><b>CORRECTIVE ACTION(S):</b> Install carbon monoxide detector in accordance with manufacturer's directions.</p> <p>Correct By: 08-Dec-2016</p> <p><b>CODE CITATION:</b> ATCP 72.145 (3) (e) The operator shall install every carbon monoxide detector required under this section according to the directions and specifications of the manufacturer of the carbon monoxide detector.</p>

<b>Comments</b>

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

  
**zoran mzrkovic**

Sanitarian

  
**Doug Schaefer**  
**(608) 785-9679**