



# Neenah-Menasha Fire Rescue

Office of Assistant Chief / Fire Marshal Vernon Green

June 4, 2015

Debbie Galeazzi  
Menasha City Clerk  
140 Main Street  
Menasha, WI 54952

Ms. Galeazzi,

This correspondence is in response to the common council request for the top items identified during a liquor license inspection. A liquor license inspection conducted by NMFR is no different than any other routine fire inspection regarding violations. The precise benefit of the liquor license inspection for NMFR is that it allows us to obtain compliance on any potential outstanding violations that we may be having difficulty gaining compliance on.

The property/business owner understands that it is necessary for them to abate outstanding violations in order for NMFR to sign off on the license. This is not to say that a single minor violation would prevent the approval of the license, each individual property and violation is considered independently. The majority of businesses that hold a liquor license are classified as assembly or business occupancies.

The most common violations found in assembly and business occupancy inspections may include;

- Fire extinguishers missing or not properly serviced
- Exit/emergency lights inoperable
- Blocked/locked exits
- Improper use of extension cords and/or multiplug adapters
- Improper and/or inadequate UL300 Kitchen System coverage
- UL300 Kitchen System not properly service and/or maintained
- Kitchen exhaust hood and duct not properly cleaned
- High pressure CO2 cylinders not secured
- Improper egress hardware
- Fire detection/alarm system not properly serviced and/or maintained
- Fire sprinkler system not properly serviced and/or maintained
- Mechanical/electrical/boiler rooms not free from storage and combustibles
- Electrical panel access obstruction
- Poor general housekeeping of combustible materials
- Wall and ceiling finishes not code compliant
- Flammable/combustible liquid storage

Very respectfully,

Vernon A. Green  
Assistant Fire Chief / Fire Marshal  
Neenah Menasha Fire Rescue



MENASHA HEALTH DEPARTMENT - RESTAURANT / RETAIL FOOD SERVICE INSPECTION REPORT

Business Name		Business Address		County <b>Winnebago</b>	ID #
Legal Licensee		Mailing Address (Licensee)		Telephone # (920 )	
Date of inspection	Date of last inspection	Release Date	Type of Establishment <input type="checkbox"/> Restaurant <input type="checkbox"/> Retail		Is operator Certified <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> pending
<b>Inspection Type</b> <input type="checkbox"/> pre-inspection <input type="checkbox"/> routine inspection <input checked="" type="checkbox"/> Re-inspection <input type="checkbox"/> Complaint <input type="checkbox"/> Downtime <input type="checkbox"/> Non inspection visit no action <input type="checkbox"/> Other			<b>Action Taken</b> <input checked="" type="checkbox"/> Operational <input type="checkbox"/> Conditional Permit 30 days <input type="checkbox"/> Withhold Permit <input type="checkbox"/> License suspended <input type="checkbox"/> License revoked <input type="checkbox"/> Other		
Person in Charge			CFM # and expiration <b>CFM #                      expiration date</b>		

**FOODBORNE ILLNESS RISK FACTORS**

Circle designated compliance status for each item **IN**-in compliance **OUT** - out of compliance **N/O** - not observed **N/A** - not applicable

Mark an **X** in appropriate box for **COS** and/or **R**  
**COS** - corrected on site during inspection **R**- repeat violation

COMPLIANCE STATUS		COS	R	COMPLIANCE STATUS		COS	R
<b>DEMONSTRATION OF KNOWLEDGE</b>							
1A	Certified food manager, duties	<input type="checkbox"/>	<input type="checkbox"/>	16	Proper cooking time and temperature	<input type="checkbox"/>	<input type="checkbox"/>
1B	Person in charge, ID knowledgeable, duties and responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	17	Proper re-heating procedures for hot holding	<input type="checkbox"/>	<input type="checkbox"/>
<b>EMPLOYEE HEALTH</b>							
2	Management awareness, policy present	<input type="checkbox"/>	<input type="checkbox"/>	18	Proper cooling time and temperature	<input type="checkbox"/>	<input type="checkbox"/>
3	Proper use of reporting, restriction and exclusion	<input type="checkbox"/>	<input type="checkbox"/>	19	Proper hot holding temperatures	<input type="checkbox"/>	<input type="checkbox"/>
<b>GOOD HYGENIC PRACTICES</b>							
4	Proper eating, tasting, drinking	<input type="checkbox"/>	<input type="checkbox"/>	20	Proper cold holding temperatures	<input type="checkbox"/>	<input type="checkbox"/>
5	No discharge from eyes, nose and mouth	<input type="checkbox"/>	<input type="checkbox"/>	21	Proper date marking and disposition	<input type="checkbox"/>	<input type="checkbox"/>
<b>PREVENTING CONTAMINATION FROM HANDS</b>							
6	Hands cleaned and properly washed	<input type="checkbox"/>	<input type="checkbox"/>	22	Time as a public health control; procedures and record	<input type="checkbox"/>	<input type="checkbox"/>
7	No bare hand contact or using approved plan	<input type="checkbox"/>	<input type="checkbox"/>	<b>CONSUMER ADVISORY</b>			
8	Adequate hand washing facilities supplied and accessible	<input type="checkbox"/>	<input type="checkbox"/>	23	Consumer advisory supplied	<input type="checkbox"/>	<input type="checkbox"/>
<b>APPROVED SOURCE</b>							
9	Food obtained from approved source	<input type="checkbox"/>	<input type="checkbox"/>	<b>HIGHLY SUSEPTABLE POPULATIONS</b>			
10	Food received at proper temperature	<input type="checkbox"/>	<input type="checkbox"/>	24	Pasteurized foods used; prohibited foods not offered	<input type="checkbox"/>	<input type="checkbox"/>
11	Food in good condition, safe, unadulterated	<input type="checkbox"/>	<input type="checkbox"/>	<b>CHEMICAL</b>			
12	Records available, shell stock tags, parasite destruction	<input type="checkbox"/>	<input type="checkbox"/>	25	Food additives approved and properly use	<input type="checkbox"/>	<input type="checkbox"/>
<b>PROTECTION FROM CONTAMINATION</b>							
13	Food separated and protected	<input type="checkbox"/>	<input type="checkbox"/>	26	Toxic substances properly identified, stored, used	<input type="checkbox"/>	<input type="checkbox"/>
14	Food contact surfaces cleaned and sanitized	<input type="checkbox"/>	<input type="checkbox"/>	<b>CONFORMANCE WITH APPROVED PROCEDURES</b>			
15	Proper disposition of returned, previously served, reconditioned & unsafe food	<input type="checkbox"/>	<input type="checkbox"/>	27	Compliance with variance, specialized process, HACCP plan	<input type="checkbox"/>	<input type="checkbox"/>

**Menu Review – note changes in menu, processes or risk factors.**

Menu Review Conducted  yes  no – New products

New or changed processes

**Risk Factors:** are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health interventions are control measures to prevent foodborne illness or injury.



# LIQUOR LICENSE RENEWAL

APPLICANT MUST CONTACT THE BUILDING INSPECTION  
DEPARTMENT TO SCHEDULE AN INSPECTION/APPOINTMENT AT  
LEAST 2 WEEKS IN ADVANCE

(920)967-3655

Office Hours Monday-Friday 8:00 AM – 10:00 AM & 12:00 PM – 1:00 PM

PROPERTY ADDRESS: \_\_\_\_\_  
BUSINESS \_\_\_\_\_ PHONE \_\_\_\_\_  
OWNER \_\_\_\_\_ DATE \_\_\_\_\_

## BUILDING INSPECTION CHECK LIST

- Concealed extension cords \_\_\_\_\_
- Working toilets \_\_\_\_\_
- Working bathroom lavs \_\_\_\_\_
- Working sinks in other locations \_\_\_\_\_
- Exhaust vents functioning \_\_\_\_\_
- Any leaking pipes \_\_\_\_\_
- Foundation/building pest holes closed \_\_\_\_\_
- Broken windows \_\_\_\_\_
- If exit signs are internally lit, are they working \_\_\_\_\_
- If handrails are installed for stairs, are they in need of repair \_\_\_\_\_
- Clear path to mechanicals \_\_\_\_\_
- Clear path to all exits \_\_\_\_\_
- Cover plates on all electrical switches \_\_\_\_\_
- Cover plates on all electrical receptacles \_\_\_\_\_
- Are Luminaries working in all rooms \_\_\_\_\_

Inspection Done by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ hr

