

**HOTEL-MOTEL OR TOURIST ROOMING HOUSE INSPECTION REPORT**

<b>NAME OF ESTABLISHMENT</b> Entire Home/appt in Menasha	<b>STREET ADDRESS</b> 331 Oak Street	<b>CITY</b> Menasha	<b>COUNTY</b> Winnebago
<b>NAME OF LICENSEE</b> Trisha Buelow	<b>STREET ADDRESS</b> same	<b>CITY</b> same	<b>SLEEPING ROOMS</b> 2
<b>NAME OF PREVIOUS LICENCE</b> NA	<b>NAME OF PREVIOUS OPERATOR</b> NA	<b>ESTABLISHMENT PHONE #</b> 810-3549	<b>ID#</b> 05-71059
<b>SURVEY DATE</b> 7/9/14			

<b>Fee Status</b> tourist rooming house	<b>Inspection Status</b> Pre-inspection	<b>License Status</b> conditional
<input checked="" type="checkbox"/> Year-round	<input type="checkbox"/> Summer	<input type="checkbox"/> Winter
<input type="checkbox"/> 254.83 Rates posted	<input type="checkbox"/> 254.73(1) Hotel Safety	<input type="checkbox"/> Emergency assistance
<input type="checkbox"/> permit conspicuously displayed		

**OPERATORS NOTE** – The violations in opening procedure or physical arrangement indicated below must be corrected by the next inspection or such period of time as may be specified.

<b>DHS 195.10 WATER SUPPLY AND WASTE DISPOSAL</b>	<b>DHS 197.12 FOOD</b>
1. <input type="checkbox"/> PUBLIC WATER SUPPLY	30. <input type="checkbox"/> FOOD PERMIT
2. <input type="checkbox"/> PUBLIC SEWER	31. <input type="checkbox"/> ICE, STORAGE
3. <input type="checkbox"/> PRIVATE WELL	32. <input type="checkbox"/> ICE MACHINE
4. <input type="checkbox"/> CROSS CONNECTION	33. <input type="checkbox"/> HANDLING
5. <input type="checkbox"/> GENERAL	34. <input type="checkbox"/> STORAGE
6. <input type="checkbox"/> (A) (B) (C) (D) PRIVATE SEWAGE	<b>DHS 195.13 COMMUNICABLE DISEASE CONTROL</b>
7. <input type="checkbox"/> PRIVIES	35. <input type="checkbox"/> EMPLOYEE / OPERATOR HEALTH
8. <input type="checkbox"/> PRIVATE FIXTURES	<b>DHS 195.14 BUILDING STRUCTURE AND SAFETY</b>
9. <input type="checkbox"/> 1 SHARED FIXTURES	36. <input checked="" type="checkbox"/> ISOLATION, FIRE HAZARDS
10. <input type="checkbox"/> 2 EXISTING TRH	37. <input type="checkbox"/> FIRE ESCAPES
11. <input type="checkbox"/> HOT AND COLD WATER	38. <input type="checkbox"/> FIRE EXITS
12. <input type="checkbox"/> SOAP AND TOWELS	39. <input type="checkbox"/> FIRE EXITING
13. <input type="checkbox"/> SEX DESIGNATION	40. <input type="checkbox"/> FIRE ALARM
14. <input type="checkbox"/> DRINKING WATER	41. <input type="checkbox"/> EXIT LIGHTS
15. <input type="checkbox"/> GARBAGE DISPOSAL	42. <input type="checkbox"/> VENTILATION
16. <input type="checkbox"/> CLEAN CONDITION	43. <input type="checkbox"/> DIRECTIONS FOR ESCAPE
17. <input type="checkbox"/> GARBAGE CONTAINERS	44. <input type="checkbox"/> SPACE HEATERS
18. <input type="checkbox"/> RUBBISH CONTAINERS	45. <input type="checkbox"/> ROOM SIZE MIN. 400 CUBIC FEET
<b>DHS 195.11 FURNISHINGS, EQUIPMENT &amp; UTENSILS</b>	46. <input type="checkbox"/> SMOKE DETECTION
19. <input type="checkbox"/> DESIGN	47. <input type="checkbox"/> DOOR LOCKS
20. <input type="checkbox"/> INSTALLATION	48. <input type="checkbox"/> SCREENS (16 MESH OR LESS)
21. <input type="checkbox"/> METHOD OF UTENSIL SANITIZING chlorine	<b>DHS 195.15 MAINTENANCE</b>
22. <input type="checkbox"/> DEFICIENT EQUIPMENT	49. <input type="checkbox"/> CLEAN ROOMS
23. <input type="checkbox"/> GLASS PROTECTED ROOMS	50. <input type="checkbox"/> MAINTENANCE
24. <input type="checkbox"/> LINENS FURNISHINGS CLEANABLE	51. <input type="checkbox"/> INSECT AND RODENT CONTROL
25. <input type="checkbox"/> CLEAN LINENS	52. <input type="checkbox"/> PREMISE
26. <input type="checkbox"/> SHEETS SIZE AND FOLD BACK	<b>DHS 195.16 REGISTRATION</b>
27. <input type="checkbox"/> SOILED LINEN STORAGE	53. <input type="checkbox"/> GUEST REGISTRATION
28. <input type="checkbox"/> MATTRESS PAD	54. <input type="checkbox"/> MAINTAINED ON SITE FOR 1 YEAR
29. <input type="checkbox"/> CLEANLINESS OF FURNITURE AND EQUIPMENT	

VIOLATION #	DESCRIPTION OF VIOLATION / CODE REFERENCE / CORRECTIVE ACTIONS REQUIRED	COMPLIANCE DATE
36	<p><b>OBSERVATION</b></p> <p>CO detectors must be installed as discussed immediately outside sleeping rooms in the common corridor and in the basement near the combustion appliances (furnace and hot water heater). One CO purchased pending installation, detector upstairs is a smoke detector not a dual smoke / CO</p> <p>DHS 195 CODE SECTION REFERENCED</p> <p>DHS 195.145</p> <p><b>CORRECTIVE ACTION(S)</b></p> <p>Install CO detectors prior to renting home to guests. Please contact Menasha Health following installation to confirm. License is conditional until such time as detectors are installed.</p> <p><b>OBSERVATION</b></p>	prior to rental

	<p>DHS 195 CODE SECTION REFERENCED</p> <p><b>CORRECTIVE ACTION(S)</b></p>	
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**INSPECTION COMMENTS / NARRATIVE**

Per our discussion contact Menasha Finance Dept related to applicability of room tax.

<b>SIGNATURE – LICENSEE OR AUTHORIZED PERSON</b>	<b>DATE</b>	<b>SIGNATURE – SANITARIAN</b>	<b>DATE</b>