

HOTEL-MOTEL OR TOURIST ROOMING HOUSE INSPECTION REPORT

NAME OF ESTABLISHMENT Taylor James, Monica	STREET ADDRESS 724 Milwaukee Street	CITY Menasha	COUNTY Winnebago
NAME OF LICENSEE same	STREET ADDRESS --	CITY --	SLEEPING ROOMS --
NAME OF PREVIOUS LICENCE --	NAME OF PREVIOUS OPERATOR --	ESTABLISHMENT PHONE # --	ID# --
SURVEY DATE 5/19/14			

Fee Status tourist rooming house	Inspection Status Pre-inspection	License Status withheld
<input checked="" type="checkbox"/> Year-round	<input type="checkbox"/> Summer	<input type="checkbox"/> Winter
<input checked="" type="checkbox"/> 254.83 Rates posted	<input type="checkbox"/> 254.73(1) Hotel Safety	<input checked="" 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.

DHS 195.10 WATER SUPPLY AND WASTE DISPOSAL	DHS 197.12 FOOD
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	DHS 195.13 COMMUNICABLE DISEASE CONTROL
7. <input type="checkbox"/> PRIVIES	35. <input type="checkbox"/> EMPLOYEE / OPERATOR HEALTH
8. <input type="checkbox"/> PRIVATE FIXTURES	DHS 195.14 BUILDING STRUCTURE AND SAFETY
9. <input type="checkbox"/> 1 1 SHARED FIXTURES	36. <input 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 checked="" 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
DHS 195.11 FURNISHINGS, EQUIPMENT & UTENSILS	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 checked="" type="checkbox"/> METHOD OF UTENSIL SANITIZING accessory bin Chlorine soln	DHS 195.15 MAINTENANCE
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	DHS 195.16 REGISTRATION
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
21	OBSERVATION All food utensils used by guests must be cleaned and sanitized in between guests. DHS 195 CODE SECTION REFERENCED DHS 195.11(3) CORRECTIVE ACTION(S) Bleach solution recommended 100ppm (test strips provided) in accessory bin after wash and rinse. All food contact utensils should be cleaned and sanitized between guests.	Normal practice -
40	OBSERVATION Currently there is smoke detector in the basement with combustion appliance however there is not a CO detector on the level. There is a CO detector in the kitchen area within 15 feet of the sleeping room. Furnace and water heater are both combustion appliance (natural gas)	Corrected 5/19/14

	DHS 195 CODE SECTION REFERENCED DHS 195.145 CORRECTIVE ACTION(S) Provide an approved CO detector in the area adjacent to the furnace and hot water heater	
	OBSERVATION DHS 195 CODE SECTION REFERENCED CORRECTIVE ACTION(S)	
	OBSERVATION DHS 195 CODE SECTION REFERENCED CORRECTIVE ACTION(S)	

INSPECTION COMMENTS / NARRATIVE

Office open between 8-4 Monday through Friday - License will be released pending current receipt for CO detector.

Please reference the remaining code and bullet points for specific requirements. Please call with any questions.

SIGNATURE – LICENSEE OR AUTHORIZED PERSON	DATE	SIGNATURE – SANITARIAN	DATE