

* -	<p>Pool required under 172.23A and 172.23B to have lifeguard have sign posted with 4" letters stating "No Lifeguard on Duty".</p> <p>Plan for whirlpool under 173.23 in a WA Complex includes, at a minimum, a periodic attendant. If not constantly supervised, Sign with 4" letters posted.</p> <p>Lifeguard certifications including: Lifeguard, 1st Aid, CPR on at pool and avail.</p> <p>Lifeguards under 172.23(1) supervising a WA over 2000 Ft2 and >4' in depth has proper certification(s).</p> <p>Attendants not used in place of lifeguards.</p> <p>Lifeguard apparel and equipment required</p> <p>Lifeguard not assigned duties causing distraction from lifeguarding duties.</p>	<p>no later than the 10th of each month.</p> <p>Operator reports by phone or fax to agent, all injuries, illness or deaths resulting in the assistance of emergency medical personnel.</p> <p>Operator maintains on premises, monthly monitoring*, lab analysis**, fecal response*, copy of HFS 172, pool construction plans, pump, filter and operational info**. CDC's recommendation for fecal accidents, *2 yrs,**7 yrs</p>
24 FACILITY REPAIR AND MAINTENANCE		
X *	<p>General: Brushed or vacuumed to keep free of sediment slime, discoloration and etc., Cracks and pitting repaired, No shatterables.</p> <p>Deck and Pads: Good repair, rinsed <u>daily</u>, unobstructed, and depth markings maintained clear.</p> <p>Walls, Ceilings, and Floors: clean and sanitary.</p> <p>Hose and bibs: Hose reaches all of deck. Backsiphon protection in place.</p> <p>Located for convenient cleaning of shower, dressing, and toilet areas.</p>	
*	Pool equipment installed, located, maintained, and repaired as required.	
*	Spectator areas unobstructed and clean.	
*	Drinking fountain in place, operational, and clean.	
*	Toilet, shower, and dressing facilities clean and sanitized at least daily.	
*	Showers operable and maintain 3-5 gal/minute.	
*	Dressing room lockers and furniture clean and maintained.	
*	Soap continually provided at each sink and shower in permanent fixtures.	
*	Individual towel dispensers or air dryers provided at each handsink.	
*	Toilet paper continuously provided on permanently installed dispensers.	
*	If bathing suits provided, properly laundered and dirty separated from clean.	
*	Sufficient, clean, durable, and maintained garbage cans with tight fitting lids.	
*	Water heaters and heat exchangers in good condition.	
*	HVAC operable and provides air movement as required in Com 61-65 to prevent excessive condensation and air quality problems.	
*	Electrical and lighting maintained in good repair and operating condition.	
POOL/SLIDE/WATER ATTRACTION CONSTRUCTION AND DESIGN		
25 POOL DESIGN		
X *	No dangerous conditions or objects in the pool area.	
*	Gates and door maintained. Locked when pool is closed or not in use.	
*	Outdoor pool enclosure at least 5' in height	
*	Pool area has open out, self closing and lockable latching gates or doors	
*	Pool closed sign posted during hours of non-operation	
*	Deck landscaping features in compliance	
26 WATERSLIDE AND POOL DESIGN		
*	Water and pool slides designed and installed per Comm 90.30 .	
*	Slide lubrication (water-flow) per Comm 90.30 and 90.206(3)(b)(2) and 3.	
*	Plunge area for water/pool slide continuously separated as approved.	
27 WATER ATTRACTION, PLAY FEATURES, AND SLIDE DESIGN		
*	Designed, constructed and maintained so that patron loads don't stress.	
*	Interior and exterior parts patrons may contact are safe (bolts, edges, etc.	
*	Padding provided to protect patron where necessary.	
*	Public protected from hazardous parts including pinch and shear points.	
*	Guards removed for maintenance replaced prior to operation.	
*	Wheels/Levers for patrons to control water designed and maintained safe.	
*	Attractions fenced, barricaded or arranged to protect patrons from hazards.	
*	Fences: 42" above water surface, reject 4" ball, immovable, and proper gate.	
*	Gate: Doesn't contact attraction and does not cause hazard to patron.	
*	Fence/Gate inhibit spectator contact with attraction or cause hazard.	
*	Loading and unloading areas separated from moving parts.	
*	Flexible barrier provided to prevent access to passenger carrying devices.	
*	Moving sweeps: Guarded with guardrail or center cover with 200 lb. capacity	
*	Spectator area separated from water area by railing or other barrier.	
*	Interactive Play Attraction has: An attendant if not restricted access, working drains, no vegetation, spray features activated at least 30 min. before opening each day.	
28 WATER ATTRACTION, PLAY FEATURES, AND SLIDE DESIGN		
*	Water Attraction (WA) maintained, repaired and modified in accordance with recognized safe practices.	
*	Improperly maintained, modified or repaired WA's closed to public.	
*	Defective or worn parts repaired or replaced with equal or better parts by competent, qualified mechanics. Bolts, fasteners, wire and nails used for their intended purpose only. Round, split or structurally unsound materials replaced.	
*	Periodically inspected and operational tested and written records kept.	
*	WA's and pools/slides inspected and operationally tested <u>EACH DAY</u> before use, including control devices and safety equipment.	
*	Water slides (100gal/min) evaluated every 5 years by an engineer of slide or platform	
*	Record of engineer's evaluation kept on site.	
16 LIFEGUARD/ATTENDANT PLACEMENT AND STAFFING PLANS		
*	Pool >2000 ft2 staffed pursuant to HFS 173.23A and B or portion closed . Still must meet minimum requirements of pools 2000-4999 ft2. Activity Pools (Pad walk , tethered floatable , non-tethered floatable), leisure river , vanishing edge , vortex and current , wave , wading , exercise , whirl , therapy pools . Pools with visual obstruction , diving boards/platform . Interactive Play Attraction (Splash Pad), children's slide , pool slide 4-6', pool slide 4-6' obstructed view, drop slide , run-out slide , and water slides . If pool doesn't conform with above, an evaluation sought.	
*	Additional lifeguard provided for every 100 persons over 336.	
*	Additional lifeguard provided for every 2 slide flumes not in a separate waterslide plunge pool.	
*	Attendant able to enforce waterslide rules shall be at entrance of flume .	
*	Lifeguard requirements met for instructional programs operated.	
OPERATION AND MANAGEMENT		
17 PERMISSIBLE PATRON LOAD		
*	Water Attraction (WA) : 1 person/15 ft2 of water surface (splash zone incl) Swimming or Combo Pool : 1 person/15 ft2 shallow and 1/25 ft2 deep. See code for calculations if there is a diving board. Whirlpools : 1 person/10 ft2 of surface area. Wading Pool : 1 person/15 ft2 of surface area. Therapy and Exercise Pool : 1 person/ 15 ft2 shallow and 1/25 ft2 deep.	
18 RESCUE EQUIPMENT		
*	In good repair, mounted conspicuously and maintained in good repair.	
*	Crook provided for >4' length and 2' deep.	
*	20" or greater ring buoy with 1/4" rope not less than 1-1/2X pool width or 50 ft. or a rescue tube provided if lifeguard or pool 30 ft in width or more.	
*	Safety rope in place separating deep and shallow end.	
*	Spine board with head immobilizer on site if lifeguard is required.	
*	Working phone in pool area with emergency numbers and address posted.	
19 FIRST AID SUPPLIES		
*	2 durable blankets and first aid kit containing: gauze 4x4 and 8x10, adhesive and triangular bandages, scissors, gauze roll, tweezers, tape, eyewash, elastic bandage, gloves, face mask and cold pack provided.	
*	Biohazard disposal kit on premises.	
20 POSTING POOL AND WATER ATTRACTION RULES		
*	Food and drink facilities not within 12 feet of water's edge.	
*	Safety and sanitation rules posted and enforced.	
*	Rule include the following: General : (Required at all pools) 200 ft2 or greater with no diving well post 4" letters, " No Diving ". Maximum patron load , AND Disease or cut, food, drink, gum, tobacco, shower, rough play, animals, diaper changing, and glass. Whirlpool rules include : Elderly and compromised, minors under 12 unsupervised, under influence, pregnant, lengthy exposure, under 6 not permitted. Pool Slide and Waterslide rules include : Not under alcohol or drug use, follow instruction, no standing, kneeling etc, hands kept inside, leave plunge immediately, WARNING water depth is _____. Interactive Play Attraction rules include : Communicable, food drink etc, animals, rec wheel transport prohibited and diaper changing. Vortex and Current Pool rules include : General and "Artificial Current, Strong Swimmers Only" in 4" letters. Cold Soak Pool rules include : General and must list temperature in F. Closed sign : posted during closed hours.	
*	Swim diapers required if non-toilet trained children allowed in pool.	
21 POOL CLOSING CRITERIA		
*	Pool shall be closed for any of the following: Hazardous substance or dangerous condition including fecal accidents Failure to comply with water quality requirements of HFS 172.16 Failure to comply with disinfectant residual levels of HFS 172.14 Failure to maintain PH between 6.8 and 8.0 Non-operational circulation pump, filter, or feeder. Failure to comply with lifeguard requirements of HFS 172.23 A and 172.23B Failure to provide the availability of a responsible supervisor .	
22 FECAL ACCIDENT REPONSE		
*	Operator used the CDC guidelines for fecal accident response	
*	Operator documents all fecal responses including date, time, free Cl, Ph (before and after closing), formed or not, procedures followed, patron count, and time between occurrence, detection, and resolution.	
23 MONTHLY REPORTS AND RECORDS		
*	Operator maintains daily operation reports* on forms provided and submits	

[DEFINITIONS: A-L](#)

[DEFINITIONS M-Z](#)

Disinfectant used: CaOCl

Filter aid; if any:

pH 7.3

Free chlorine residual: 4.3

Combined chlorine 0ppm

Alkalinity 70 ppm

Calcium Hardness 230 ppm

Cyanuric Acid 14 ppm

Bromine ppm

Water temp 74 °F

Air temp. 74°F.

COMPLIANCE ITEMS:

Record Code Violations

Violation Number	Description / HFS 172 Reference Number / Corrective Action Required	Compliance Date	Corrected? Yes/No
24	<p>Numerous locations on the deck noted large cracks, trip hazards and cut risks</p> <p>DHS 172.33 Facility maintenance, repair and sanitation. (1) POOL AREA. (a) General. Each pool shall be routinely brushed or vacuumed to keep the basin and surrounding appurtenances free of sediment, lint, hair, debris, algae and slime growth and discoloration. Cracks or other defects shall be repaired and the pool interior shall be refinished as necessary to maintain it in a cleanable condition. The pool and water area shall be maintained in a clean and sanitary condition</p> <p>Deck maintenance and cleaning. Pool areas and appurtenances, including safety pads, shall be maintained in good repair and shall be rinsed daily to prevent microbial growth. Indoor pool decks shall be disinfected at least weekly. Depth markings along the edge of the pool shall be maintained to be clearly visible and readable. The deck shall be kept unobstructed except for easily portable furniture and equipment.</p> <p>DHS 172.36 Water attraction, play features, and slide design. (1) GENERAL. (a) Water attractions and play features shall be designed, assembled, constructed and maintained in accordance with recognized safe practices as defined in s. SPS 334.01 (15), and so that maximum patron loads do not stress any part of the water attraction beyond recognized safe practices. (b) Interior and exterior parts of all water attractions a patron may come into contact with shall be free of abrasives and splinters, sharp edges and corners, protruding studs, bolts, screws and other hazardous projections.</p> <p>CORRECTIVE ACTION: All marked deck hazards should be repaired as soon as possible. Violation cited on last inspection. Chronic violations are subject to reinspection fees and other punitive action</p>	7 days	No

25	<p>Safety hazards were noted as follows:</p> <ul style="list-style-type: none"> - insufficient barrier leading to balcony of the bath house - east end. A rigid barrier should be installed with signage. No sign was present stating no entry. - peeling paint noted on asbestos board substraight on exterior portions noted on the east and west ends of the bath house. Chipped off paint may also contain asbestos fibers. Areas should be prepped by a person properly certified in asbestos and areas repainted and maintained with intact paint condition. <p>CORRECTIVE ACTION: as cited</p>	7 days immediate on barrier to balcony	No
	CORRECTIVE ACTION: "		
	CORRECTIVE ACTION:		
	CORRECTIVE ACTION:		

Note: The following condition(s) identified as out of compliance that are not conditions dangerous to health and safety, but are code violations and shall be corrected at the change of owner/operator PRIOR to obtaining a license:

ADDITIONAL COMMENTS:

Re-inspection shall be completed within 7 days

engineers report attached

NOTE: VIOLATIONS WHICH REQUIRE GREATER THAN ONE RE-INSPECTION TO CORRECT OR ANY NEW VIOLATIONS FOUND DURING RE-INSPECTION SHALL RESULT IN THE ISSUANCE OF A RE-INSPECTION FEE OF \$100.00.

SIGNATURE - Sanitarian

SIGNATURE - Licensee or Employee

MENASHA HEALTH DEPARTMENT - RESTAURANT / RETAIL FOOD SERVICE INSPECTION REPORT

Business Name Jefferson Park Conc.	Business Address Jefferson Park Pool	County Winnebago	ID # 55-24026
Legal Licensee City of Menasha Parks	Mailing Address (Licensee) same	Telephone # (920) 967-3641	

Date of inspection 6/19/13	Bare Hand Contact Plan in Place <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Type of Establishment <input type="checkbox"/> Restaurant <input checked="" type="checkbox"/> Retail <input type="checkbox"/> School <input type="checkbox"/> Liq lic	Is operator Certified <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> pending <input checked="" type="checkbox"/> N/A
Inspection Type <input type="checkbox"/> pre-inspection <input checked="" type="checkbox"/> routine inspection <input type="checkbox"/> Re-inspection <input type="checkbox"/> Complaint <input type="checkbox"/> Downtime <input type="checkbox"/> Non inspection visit		Action Taken <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 CFM # expiration date	

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
DEMONSTRATION OF KNOWLEDGE				
1A	NA	Certified food manager, duties	<input type="checkbox"/>	<input type="checkbox"/>
1B	IN	Person in charge, ID knowledgeable, duties and responsibilities	<input type="checkbox"/>	<input type="checkbox"/>
EMPLOYEE HEALTH				
2	IN	Management awareness, policy present	<input type="checkbox"/>	<input type="checkbox"/>
3	IN	Proper use of reporting, restriction and exclusion	<input type="checkbox"/>	<input type="checkbox"/>
GOOD HYGENIC PRATICES				
4	IN	Proper eating, tasting, drinking	<input type="checkbox"/>	<input type="checkbox"/>
5	IN	No discharge from eyes, nose and mouth	<input type="checkbox"/>	<input type="checkbox"/>
PREVENTING CONTAMINATION FROM HANDS				
6	IN	Hands cleaned and properly washed	<input type="checkbox"/>	<input type="checkbox"/>
7	IN	No bare hand contact or using approved plan	<input type="checkbox"/>	<input type="checkbox"/>
8	IN	Adequate hand washing facilities supplied and accessible	<input type="checkbox"/>	<input type="checkbox"/>
APPROVED SOURCE				
9	IN	Food obtained from approved source	<input type="checkbox"/>	<input type="checkbox"/>
10	IN	Food received at proper temperature	<input type="checkbox"/>	<input type="checkbox"/>
11	IN	Food in good condition, safe, unadulterated	<input type="checkbox"/>	<input type="checkbox"/>
12	NA	Records available, shell stock tags, parasite destruction	<input type="checkbox"/>	<input type="checkbox"/>
PROTECTION FROM CONTAMINATION				
13	NA	Food separated and protected	<input type="checkbox"/>	<input type="checkbox"/>
14	IN	Food contact surfaces cleaned and sanitized	<input type="checkbox"/>	<input type="checkbox"/>
15	IN	Proper disposition of returned, previously served, reconditioned & unsafe food	<input type="checkbox"/>	<input type="checkbox"/>

COMPLIANCE STATUS			COS	R
POTENTIALLY HAZARDOUS FOOD TEMPERATURE				
16	NA	Proper cooking time and temperature	<input type="checkbox"/>	<input type="checkbox"/>
17	NA	Proper re-heating procedures for hot holding	<input type="checkbox"/>	<input type="checkbox"/>
18	NA	Proper cooling time and temperature	<input type="checkbox"/>	<input type="checkbox"/>
19	NA	Proper hot holding temperatures	<input type="checkbox"/>	<input type="checkbox"/>
20	IN	Proper cold holding temperatures	<input type="checkbox"/>	<input type="checkbox"/>
21	NA	Proper date marking and disposition	<input type="checkbox"/>	<input type="checkbox"/>
22	NA	Time as a public health control; procedures and record	<input type="checkbox"/>	<input type="checkbox"/>

CONSUMER ADVISORY

23	NA	Consumer advisory supplied	<input type="checkbox"/>	<input type="checkbox"/>
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HIGHLY SUSEPTABLE POPULATIONS

24	NA	Pasteurized foods used; prohibited foods not offered	<input type="checkbox"/>	<input type="checkbox"/>
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CHEMICAL

25	NA	Food additives approved and properly use	<input type="checkbox"/>	<input type="checkbox"/>
26	OUT	Toxic substances properly identified, stored, used	<input checked="" type="checkbox"/>	<input type="checkbox"/>

CONFORMANCE WITH APPROVED PROCEDURES

27	NA	Compliance with variance, specialized process, HACCP plan	<input type="checkbox"/>	<input type="checkbox"/>
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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.

Risk factor violations should be corrected on site during the inspection unless there is some reason that correction cannot be immediately made.

GOOD RETAIL PRACTICES

Good retail practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into food. Mark an X in box if item is not in compliance. Mark an X in appropriate box for COS/R. **COS** – corrected on site during inspection
R- repeat violation

SAFE FOOD AND WATER			COS	R	PROPER USE OF UTENSILS			COS	R
28	NA	Pasteurized eggs used where required	<input type="checkbox"/>	<input type="checkbox"/>	41	IN	In use utensils properly stored	<input type="checkbox"/>	<input type="checkbox"/>
29	IN	Water and ice from approved source	<input type="checkbox"/>	<input type="checkbox"/>	42	IN	Utensils equipment and linen properly stored and used	<input type="checkbox"/>	<input type="checkbox"/>
30	NA	Variance obtained for specialized processing methods	<input type="checkbox"/>	<input type="checkbox"/>	43	IN	Single-use and Single service articles properly stored and used	<input type="checkbox"/>	<input type="checkbox"/>
FOOD TEMPERATURE CONTROL					44	NA	Gloves properly used	<input type="checkbox"/>	<input type="checkbox"/>
31	IN	Proper cooling methods used; adequate equip. for temperature control.	<input type="checkbox"/>	<input type="checkbox"/>	UTENSILS AND EQUIPMENT				
32	NA	Plant food properly cooked for hot holding	<input type="checkbox"/>	<input type="checkbox"/>	45	IN	Food and nonfood contact surfaces; cleanable, properly designed, constructed and used	<input type="checkbox"/>	<input type="checkbox"/>
33	NA	Approved thawing methods used.	<input type="checkbox"/>	<input type="checkbox"/>	46	IN	Warewash facilities; installed, maintained, and used	<input type="checkbox"/>	<input type="checkbox"/>
34	IN	Thermometers provided and accurate	<input type="checkbox"/>	<input type="checkbox"/>	47	IN	Non-food contact surfaces clean	<input type="checkbox"/>	<input type="checkbox"/>
FOOD PROTECTION					PHYSICAL FACILITIES				
35	IN	Food properly labeled original container	<input type="checkbox"/>	<input type="checkbox"/>	48	IN	Hot and cold water available, under pressure	<input type="checkbox"/>	<input type="checkbox"/>
36	IN	Pests and animals not present, no unauthorized persons	<input type="checkbox"/>	<input type="checkbox"/>	49	IN	Plumbing installed; proper backflow devices	<input type="checkbox"/>	<input type="checkbox"/>
37	IN	Contamination prevented during food preparation storage and display	<input type="checkbox"/>	<input type="checkbox"/>	50	IN	Sewage and wastewater properly disposed	<input type="checkbox"/>	<input type="checkbox"/>
38	IN	Personal cleanliness, jewelry	<input type="checkbox"/>	<input type="checkbox"/>	51	IN	Toilet facilities, properly constructed, supplied and clean	<input type="checkbox"/>	<input type="checkbox"/>
39	IN	Wiping cloths; properly used and stored	<input type="checkbox"/>	<input type="checkbox"/>	52	IN	Garbage and refuse, properly disposed facilities and maintained	<input type="checkbox"/>	<input type="checkbox"/>
40	NA	Plant food cooking for hot hold Washing all fruits and vegetables	<input type="checkbox"/>	<input type="checkbox"/>	53	OUT	Physical facilities installed maintained and clean	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	54	IN	Adequate ventilation and lighting, designed and used.	<input type="checkbox"/>	<input type="checkbox"/>

Menu Review: Review Conducted yes no - New menu items Yes No New items

New processes: Does new process require variance yes no

What interim step was taken pending variance

Addition to Consumer Advisory yes no New menu item which requires consumer advisory

Concerns / Corrections Suggested:

TEMPERATURES – Refrigeration/hot hold/cook					
Item / Location	Temp	Item / Location	Temp	Item / Location	Temp
Freezer	<10F °F	--	F °	--	F °
--	°F	--	F °	--	F °
Cook --	°F	Cook --	F °	Cook --	F °

WAREWASHING INFORMATION					
Machine Name	Sanitization Method	Thermo Label confirmed	PPM/ temp	Sanitizer Name / Approved Y/N	Sanitizer Type
	manual sanitize	<input type="checkbox"/> yes <input type="checkbox"/> No	--ppm / °F rinse	chlorine <input type="checkbox"/> Yes <input type="checkbox"/> No	chlorine

CDC Risk Code Factor Abbreviations and Violation by Category Numbers Table

(Use this table to group CDC risk factor listed below with violation from page 1)

Unsafe Sources (US)	Inadequate Cooking (IC)	Improper Hold (IH)	Cross Contamination (CC)	Personal Hygiene (PH)	Other CDC Factors (O)
9	16	18	13	3	1A
10	17	19	14	4	1B
11		20	15	5	2
12		21		6	23
		22		7	24
				8	25
					26

For each violation sited, use above table and record CDC Risk Code Factor abbreviation (such as “US” or “IH”), violation number, list from the Wisconsin Food Code (WFC) the reference number that refers to the area in violation.

Record CDC risk code abbreviation, violation # from 1st page, violation description, Food Code reference, corrective action, and score.

CDC Code	Violation number	Description of violation, WFC Reference Number including code reference text / Corrective Action Required – Note date(s) of repeat violations on previous inspections.	Compliance Date/ Corrected on site (COS)
O	26	<p>Chemical aerosol containers noted stored in the food storage room including insecticides. .</p> <p>WISCONSIN FOOD CODE REFERENCE Storage 7-201.11 Separation.C</p> <p>POISONOUS OR TOXIC MATERIALS shall be stored so they can not contaminate FOOD, EQUIPMENT, UTENSILS, LINENS, and SINGLE-SERVICE and SINGLE-USE ARTICLES by:</p> <p>(A) Separating the POISONOUS OR TOXIC MATERIALS by spacing or partitioning;S and</p> <p>(B) Locating the POISONOUS OR TOXIC MATERIALS in an area that is not above FOOD, EQUIPMENT, UTENSILS, LINENS, and SINGLE-SERVICE or SINGLE-USE ARTICLES. This paragraph does not apply to EQUIPMENT and UTENSIL cleaners and SANITIZERS that are stored in WAREWASHING areas for availability and convenience if the materials are stored to prevent contamination of FOOD, EQUIPMENT, UTENSILS, LINENS, and SINGLE-</p>	COS

	SERVICE and SINGLE-USE ARTICLES.	
	<p>CORRECTIVE ACTION All chemical containers must be removed from the food storage room. Insecticides may not be used inside the concession area. Order given to remove chemicals to Pool Manager.</p>	

Use this section for Good Retail Practice (**GRP**) Violations

Violation #	Description of violation, WFC Reference Number / Corrective Action Required	Compliance Date/ Corrected during inspection
53	<p>Concession ceiling noted with peeling paint. Ceiling substrate is asbestos panels. WISCONSIN FOOD CODE REFERENCE 6-101.11 Surface Characteristics.</p> <p>(A) Except as specified in ¶ (B) of this section, materials for indoor floor, wall, and ceiling surfaces under conditions of normal use shall be:</p> <p>(1) SMOOTH, durable, and EASILY CLEANABLE for areas where FOOD ESTABLISHMENT operations are conducted;</p> <p>(2) Closely woven and EASILY CLEANABLE carpet for carpeted areas; and</p> <p>(3) Nonabsorbent for areas subject to moisture such as FOOD PREPARATION areas, walk-in refrigerators, WAREWASHING areas, toilet rooms, MOBILE FOOD ESTABLISHMENT SERVICING AREAS, and areas subject to flushing or spray cleaning methods.</p> <p>CORRECTIVE ACTION Ceiling should be painted to leave a smooth and washable surface. Asbestos certified person must be used to remove loose paint from this ceiling.</p>	30 days

Long term controls in place

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Critical Violations which require greater than one re-inspection and/or repeated CDC Risk Factors violation(s) which are cited on 3 consecutive inspections shall result in the issuance of a re-inspection fee. Re-inspection fees are set based on the complexity of the establishment as follows:

- **Complex restaurants \$250.00**
- **Moderate restaurants \$200.00**
- **Simple restaurants \$150.00**
- **Retail >1 M \$300.00**
- **Retail 25K-1M \$250.00**
- **Retail remaining \$200.00**

Violations must be corrected by the compliance date, unless some arrangement has been made with Menasha Health Department. Re-inspection fees will be assessed to all CDC Risk Factor violations requiring more than (1) re-inspection or if the same CDC Risk Factor violation is cited on 3 consecutive inspections. Re-inspection fees will be billed to the owner of the establishment. Failure to pay re-inspection fee shall result in the following potential legal actions:

- **Temporary revocation of license**
- **License will not be renewed pending payment**
- **Enforcement conference with licensee or licensee representative which would require signed compliance agreement.**

Operators who wish to challenge the assessment of a re-inspection fee shall submit in writing circumstances and reason that they feel the re-inspection fee should not have been assessed. This statement must be submitted to the Public Health Director. The issue will then be addressed by the City of Menasha Board of Health. Any violations and /or enforcement shall be complied with pending appeal.

The City of Menasha posts all Health Department Inspection reports on the City of Menasha Web-Site.

Inspection Narrative and information on non-violation observations and/or suggestions:

I understand and agree to comply with the corrections ordered in this report. I understand the failure to comply could result in legal action including loss of license.

PIC signature or authorized employee	Date	Sanitarian Signature Todd Drew, R.S.	Date

Food Safety Fact Sheets Attached:

<input type="checkbox"/> Employee Health	<input type="checkbox"/> Employee Reporting Agreement	<input type="checkbox"/> Personal Hygiene	<input type="checkbox"/> Bare hand contact
<input type="checkbox"/> Responsibilities of the PIC	<input type="checkbox"/> Disposable glove use	<input type="checkbox"/> Cross – Contamination	<input type="checkbox"/> Demonstration of Knowledge
<input type="checkbox"/> Cooling Procedures	<input type="checkbox"/> Thawing Procedures	<input type="checkbox"/> Active Managerial Control	<input type="checkbox"/> Certified Food Manager
<input type="checkbox"/> Consumer Advisory	<input type="checkbox"/> HACCP	<input type="checkbox"/> HACCP Hazard Analysis	<input type="checkbox"/> Serving Safe Food
<input type="checkbox"/> Pre-Inspection	<input type="checkbox"/> Time as a Health Control	<input type="checkbox"/> Allergens	<input type="checkbox"/> Thermometer Calibration
<input type="checkbox"/> Catering	<input type="checkbox"/> Cooking Temperatures	<input type="checkbox"/> Microwave Cooking	<input type="checkbox"/> Interpreting the Inspection Report
<input type="checkbox"/> Variance / HACCP	<input type="checkbox"/> Frozen Foods	<input type="checkbox"/> Receiving	<input type="checkbox"/> Chemical / Physical Contamination
<input type="checkbox"/> Common Foodborne Illnesses	<input type="checkbox"/> Outdoor Events	<input type="checkbox"/> Serving Safe Food	<input type="checkbox"/> Effective Sanitizing
<input type="checkbox"/> Organizing Coolers	<input type="checkbox"/> Date Marking		