

**MENASHA HEALTH DEPARTMENT - RESTAURANT / RETAIL FOOD SERVICE INSPECTION REPORT**

Business Name <b>Hungry Bull Restaurant</b>	Business Address 12 Tayco St. Menasha	County <b>Winnebago</b>	ID # <b>02-12229-M</b>
Legal Licensee <b>Hungry Bull Restaurant</b>	Mailing Address (Licensee) 1058 Oak Street, Neenah	Telephone # (920 ) 729-5618	

Date of inspection 5/6/15	Bare Hand Contact Plan in Place <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Type of Establishment <input checked="" type="checkbox"/> Restaurant <input type="checkbox"/> Retail <input type="checkbox"/> School <input type="checkbox"/> Liq lic	Is operator Certified <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> pending <input type="checkbox"/> N/A
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<b>Inspection Type</b> <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	<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
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<b>Person in Charge</b> <b>Bruce Heisel</b>	<b>CFM # and expiration</b> CFM #                      expiration date
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FOODBORNE ILLNESS RISK FACTORS	
Circle designated compliance status for each item <b>IN</b> -in compliance <b>OUT</b> – out of compliance <b>N/O</b> – not observed <b>N/A</b> – not applicable	Mark an <b>X</b> in appropriate box for <b>COS</b> and/or <b>R</b> <b>COS</b> – corrected on site during inspection <b>R</b> - repeat violation

COMPLIANCE STATUS		COS	R
<b>DEMONSTRATION OF KNOWLEDGE</b>			
1A	IN	Certified food manager, duties	<input type="checkbox"/> <input type="checkbox"/>
1B	OUT	Person in charge, ID knowledgeable, duties and responsibilities	<input type="checkbox"/> <input type="checkbox"/>
<b>EMPLOYEE HEALTH</b>			
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"/>
<b>GOOD HYGENIC PRATICES</b>			
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"/>
<b>PREVENTING CONTAMINATION FROM HANDS</b>			
6	IN	Hands cleaned and properly washed	<input type="checkbox"/> <input type="checkbox"/>
7	NO	No bare hand contact or using approved plan	<input type="checkbox"/> <input type="checkbox"/>
8	OUT	Adequate hand washing facilities supplied and accessible	<input type="checkbox"/> <input type="checkbox"/>
<b>APPROVED SOURCE</b>			
9	IN	Food obtained from approved source	<input type="checkbox"/> <input type="checkbox"/>
10	NO	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"/>
<b>PROTECTION FROM CONTAMINATION</b>			
13	IN	Food separated and protected	<input type="checkbox"/> <input type="checkbox"/>
14	OUT	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
<b>POTENTIALLY HAZARDOUS FOOD TEMPERATURE</b>			
16	NO	Proper cooking time and temperature	<input type="checkbox"/> <input type="checkbox"/>
17	NO	Proper re-heating procedures for hot holding	<input type="checkbox"/> <input type="checkbox"/>
18	NO	Proper cooling time and temperature	<input type="checkbox"/> <input type="checkbox"/>
19	NO	Proper hot holding temperatures	<input type="checkbox"/> <input type="checkbox"/>
20	IN	Proper cold holding temperatures	<input type="checkbox"/> <input type="checkbox"/>
21	IN	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	IN	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	IN	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	NO	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	NO	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	IN	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	OUT	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	NO	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 Post consumer advisory statement

**Concerns / Corrections Suggested:**

TEMPERATURES – Refrigeration/hot hold/cook					
Item / Location	Temp	Item / Location	Temp	Item / Location	Temp
prep cooler	38°F	upright refrigerator	39°F	Freezer	<10 °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
3 compartment sinks	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 1<sup>st</sup> page, violation description, Food Code reference, corrective action, and score.**

CDC Code	Violation number P- Priority Pf- Priority Foundation	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)
PH	8 <input checked="" type="checkbox"/> P <input type="checkbox"/> Pf <input type="checkbox"/> C	Hand wash sink noted inoperable at the time of inspection. Faucet not functioning. This is the only approved hand wash sink available. . <b>WISCONSIN FOOD CODE REFERENCE</b> <b>5–203.11 Handwashing Sink.</b> (A) Except as specified in ¶¶ (B) and (C) of this section, at least 1 HANDWASHING SINK, a number of HANDWASHING SINKS necessary for their convenient use by FOOD EMPLOYEES in areas specified under § 5–204.11, and not fewer than the number of HANDWASHING SINKS required by LAW shall be provided. Pf <b>CORRECTIVE ACTION</b> <b>A hand wash sink must be provided and maintained functional in the food prep area. The bathroom hand sink may not be used for this purpose. Replacement of faucet with hands free faucet handles is required immediately - 24 hours.</b>	immediate

<b>CC</b>	<b>14</b> <input checked="" type="checkbox"/> <b>P</b> <input type="checkbox"/> <b>Pf</b> <input type="checkbox"/> <b>C</b>	<p>It was noted that only the wash and rinse sinks were filled. Discussion with food employee found that sanitizer was added directly to detergent sink and not used in the third compartment.</p> <p><b>WISCONSIN FOOD CODE REFERENCE</b>  <b>4-702.11 Before Use After Cleaning.</b>  UTENSILS and FOOD-CONTACT SURFACES of EQUIPMENT shall be SANITIZED before use after cleaning. P</p> <p><b>CORRECTIVE ACTION</b>  All food contact equipment must be washed, rinsed and sanitized using a three compartment method with the appropriate contact time. Process must be done using a three basin method.</p>	<b>immediate</b>
<b>O</b>	<b>1B</b> <input type="checkbox"/> <b>P</b> <input checked="" type="checkbox"/> <b>Pf</b> <input type="checkbox"/> <b>C</b>	<p>A Person in Charge is required at all times in a food establishment with general knowledge related to food safety and procedures required..</p> <p><b>WISCONSIN FOOD CODE REFERENCE</b>  <b>2-102.11 Demonstration.</b>  Based on the RISKS of foodborne illness inherent to the FOOD operation, during inspections and upon request the PERSON IN CHARGE shall demonstrate to the REGULATORY AUTHORITY knowledge of foodborne disease prevention, application of the HAZARD Analysis and CRITICAL CONTROL POINT principles, and the requirements of this Code. The PERSON IN CHARGE shall demonstrate this knowledge by:  (A) Complying with this Code by having no violations of PRIORITY ITEMS during the current inspection; Pf</p> <p><b>2-101.11 Assignment.</b>  The PERMIT/LICENSE HOLDER shall be the PERSON IN CHARGE or shall designate a PERSON IN CHARGE and shall ensure that a PERSON IN CHARGE is present at the FOOD ESTABLISHMENT during all hours of operation. Pf</p> <p><b>CORRECTIVE ACTION</b>  Additional training is required to ensure that priority food safety issues are properly conducted.</p>	<b>immediate</b>

Use this section for Good Retail Practice (GRP) Violations

<b>Violation #</b>	<b>Description of violation, WFC Reference Number / Corrective Action Required</b>	<b>Compliance Date/ Corrected during inspection</b>
<b>47</b> <input type="checkbox"/> <b>P</b> <input type="checkbox"/> <b>Pf</b> <input checked="" type="checkbox"/> <b>C</b>	<p>Floor noted significantly damaged around warewash sink. No longer cleanable.</p> <p><b>WISCONSIN FOOD CODE REFERENCE</b>  <b>6-201.11 Floors, Walls, and Ceilings.</b>  Except as specified under § 6-201.14 and <i>except that antislip floor coverings or applications that may be used for safety reasons</i>, floors, floor coverings, walls, wall coverings, and ceilings shall be designed, constructed, and installed so they are SMOOTH and EASILY CLEANABLE.</p> <p><b>CORRECTIVE ACTION</b>  <b>Flooring in this area must be replaced to be washable surface.</b></p>	
<b>53</b> <input type="checkbox"/> <b>P</b> <input type="checkbox"/> <b>Pf</b> <input checked="" type="checkbox"/> <b>C</b>	<p>Area under counter noted with accumulated soils and debris. Area used to store containerised food and supplies. Area is no longer cleanable due to worn paint and exposed wood.</p> <p><b>WISCONSIN FOOD CODE REFERENCE</b>  <b>6-501.12 Cleaning, Frequency and Restrictions.</b>  (A) The PHYSICAL FACILITIES shall be cleaned as often as necessary to keep them clean.</p>	

	<p>(B) Except for cleaning that is necessary due to a spill or other accident, cleaning shall be done during periods when the least amount of FOOD is exposed such as after closing.</p> <p><b>CORRECTIVE ACTION</b>  <b>Entire area under the counter used for storage should be thoroughly cleaned and sanitized to remove accumulated debris. Shelving needs to be repainted to leave a washable surface.</b></p>	
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**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:**

***Maintenance must be conducted to repair surfaces which are no longer cleanable including storage areas, hot water heater platform, floors, etc.***

**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.**

<b>PIC signature or authorized employee</b>	<b>Date</b>	<b>Sanitarian Signature Todd Drew, R.S.</b>	<b>Date</b>

**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		