

MENASHA HEALTH DEPARTMENT - RESTAURANT / RETAIL FOOD SERVICE INSPECTION REPORT

Business Name Korona Klub	Business Address 190 Main Street	County Winnebago	ID # 02-71053
Legal Licensee Juanitas Hacienda	Mailing Address (Licensee) 1375 Cooke Road, Neenah	Telephone # (920) 722-8829	

Date of inspection 3/21/13	Bare Hand Contact Plan in Place <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Type of Establishment <input checked="" type="checkbox"/> Restaurant <input type="checkbox"/> Retail <input type="checkbox"/> School	Is operator Certified <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> pending <input type="checkbox"/> N/A
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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
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Person in Charge Pending	CFM # and expiration CFM # expiration date
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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	OUT	Certified food manager, duties	<input type="checkbox"/> <input checked="" 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	OUT	Adequate hand washing facilities supplied and accessible	<input checked="" 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	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	NO	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	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	IN	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	OUT	Food and nonfood contact surfaces; cleanable, properly designed, constructed and used	<input type="checkbox"/>	<input type="checkbox"/>
33	NO	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	OUT	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	IN	Plant food cooking for hot hold Washing all fruits and vegetables	<input type="checkbox"/>	<input type="checkbox"/>	53	IN	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
walk in cooler	39°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
ADS	sanitizing machine	<input type="checkbox"/> yes <input type="checkbox"/> No	50ppm / °F rinse	chlorine <input checked="" 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	1A	<p>No record of a certified food manager was available during this inspection. CFM was required within 90 days of the last inspection which was conducted in 4/12. .</p> <p>WISCONSIN FOOD CODE REFERENCE 12-201.11 General.</p> <p>(A) The operator or at least one manager of a FOOD ESTABLISHMENT shall have a certificate issued by the DEPARTMENT that states that the operator or manager has passed a DEPARTMENT approved examination on FOOD protection practices. However:</p> <p>(1) A new FOOD ESTABLISHMENT or a FOOD ESTABLISHMENT under going a change of operator after February 1, 2001 shall have a certified FOOD manager within 90 days of the initial day of operation or provide documentation that they are scheduled within three (3) months to take and pass an approved examination as specified in 12-301.11.</p> <p>(2) FOOD ESTABLISHMENTS which are not in compliance because of</p>	immediate

		<p>employee turnover or other loss of a certified manager, shall have 90 days from the date of the loss of a certified manager to comply with this chapter, or provide documentation that the person designated to be the certified FOOD manager will become certified within the time specified in this subparagraph.</p> <p>CORRECTIVE ACTION A copy of the current Wisconsin Food Manager License should be submitted immediately. This item was cited on the April 12 inspection.</p>	
PH	8	<p>Hand sink in the kitchen adjacent to the dishwasher must be designated by hand wash signage (provided) and disposable towels. This designated sink is the only sink which should be used for handwash. .</p> <p>WISCONSIN FOOD CODE REFERENCE 6-301.12 Hand Drying Provision.</p> <p>Each handsink or group of adjacent handsinks shall be provided with:</p> <p>(A) Individual, disposable towels; or</p> <p>(B) A continuous towel system that supplies the user with a clean towel;</p> <p>6-301.14 Handwashing Signage.</p> <p>A sign or poster that notifies FOOD EMPLOYEES to wash their hands shall be provided at all handsinks used by FOOD EMPLOYEES and shall be clearly visible to FOOD EMPLOYEES.</p> <p>CORRECTIVE ACTION Signage should be posted and quantities of hand wash supplies must be maintained at this sink. Signage must also be posted in each restroom. Signs provided during the inspection.</p>	immediate
O	26	<p>Unnecessary chemical items such as paint and oil were noted stored adjacent to the freezer in the food prep area. .</p> <p>WISCONSIN FOOD CODE REFERENCE 7-202.11 Restriction.C</p> <p>(A) Only those POISONOUS OR TOXIC MATERIALS that are required for the operation and maintenance of a FOOD ESTABLISHMENT, such as for the cleaning and SANITIZING of EQUIPMENT and UTENSILS and the control of insects and rodents, shall be allowed in a FOOD ESTABLISHMENT.S</p> <p>6-501.114 Maintaining Premises, Unnecessary Items and Litter.</p> <p>The PREMISES shall be free of:</p> <p>(A) Items that are unnecessary to the operation or maintenance of the establishment such as EQUIPMENT that is nonfunctional or no longer used; and</p> <p>(B) Litter.</p> <p>CORRECTIVE ACTION Items must be removed and stored in an area not used for food preparation.</p>	immediate

Use this section for Good Retail Practice (GRP) Violations

Violation #	Description of violation, WFC Reference Number / Corrective Action Required	Compliance Date/ Corrected during inspection
45	<p>Cutting boards cited on the previous inspection which were ordered replaced, were noted and identified as still in use.</p> <p>WISCONSIN FOOD CODE REFERENCE 4-501.12 Cutting Surfaces.</p> <p>Surfaces such as cutting blocks and boards that are subject to scratching and scoring shall be resurfaced if they can no longer be effectively cleaned and SANITIZED, or discarded if they are not capable of being resurfaced.</p> <p>CORRECTIVE ACTION Cutting boards should be immediately replaced or resurfaced to smooth impervious and easily cleanable condition. Replacement was ordered on previous inspection.</p>	Immediate - reinspection required
49	<p>Air gap drain from one bar ice bin could not be identified.</p> <p>WISCONSIN FOOD CODE REFERENCE 5-402.11 Backflow Prevention.C</p> <p>A direct connection may not exist between the SEWAGE system and a drain originating from EQUIPMENT in which FOOD is placed.</p> <p>CORRECTIVE ACTION Air gap drain must be identified and confirmed related to the ice bin. If not air gap drained an air gap must be installed immediately. Ice bin may not be used until gap is confirmed or installed.</p>	

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:

Food service was identified as limited and operation was not under specific hours.

Please provide additional information regarding hours of operation.

Cooked and cooled potentially hazardous foods and opened containers of potentially hazardous foods must not be kept for more than 7 days. All applicable containers must be date marked.

RE-INSPECTION REQUIRED – CERTIFIED FOOD MANAGER INFORMATION MUST BE PROVIDED IMMEDIATELY.

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		