

HOTEL-MOTEL OR TOURIST ROOMING HOUSE INSPECTION REPORT

NAME OF ESTABLISHMENT Lake House	STREET ADDRESS 1039 Brighton Drive	CITY Menasha	COUNTY Winnebago
NAME OF LICENSEE	STREET ADDRESS	CITY	SLEEPING ROOMS 2
NAME OF PREVIOUS LICENCE na	NAME OF PREVIOUS OPERATOR na	ESTABLISHMENT PHONE #	ID#
SURVEY DATE 5/22/14			

Fee Status tourist rooming house	Inspection Status Pre-inspection	License Status Release
<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"/> permit conspicuously displayed
	<input type="checkbox"/> Emergency assistance	

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 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 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 chlorine	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	<p>OBSERVATION All food utensils must be sanitized after being cleaned and rinsed. DHS 195 CODE SECTION REFERENCED</p> <p>CORRECTIVE ACTION(S) Recommended means of sanitizing would be 30 second contact time in 100ppm chlorine solution.</p> <p>Test strips provided.</p>	
	<p>OBSERVATION DHS 195 CODE SECTION REFERENCED</p>	

	CORRECTIVE ACTION(S)	
	OBSERVATION DHS 195 CODE SECTION REFERENCED CORRECTIVE ACTION(S)	
	OBSERVATION DHS 195 CODE SECTION REFERENCED CORRECTIVE ACTION(S)	

INSPECTION COMMENTS / NARRATIVE

Whirlpool would require license - unit must have either constant disinfectant feeder or automatic feeder on during hours of operation as well as daily water chemistry testing and recording on provided WI Swimming Pool Log. Please contact me if you should choose to try to license the whirlpool.

E Mailed to operator	5/23/14	Todd Drew	5/23/14
SIGNATURE – LICENSEE OR AUTHORIZED PERSON	DATE	SIGNATURE – SANITARIAN	DATE