

MENASHA HEALTH DEPARTMENT - RESTAURANT / RETAIL FOOD SERVICE INSPECTION REPORT

Business Name Trailside Tavern		Business Address 977 Plank Road		County Winnebago		ID # 02-37127 - L	
Legal Licensee Trailside Tavern		Mailing Address (Licensee) same		Telephone # (920) 215-3233			
Date of inspection 4/16/15		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	
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	OUT	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	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"/>
PROTECTION FROM CONTAMINATION				
13	IN	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	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	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	NA	Consumer advisory supplied	<input type="checkbox"/>	<input type="checkbox"/>
HIGHLY SUSEPTABLE POPULATIONS				
24	NA	Pasteurized foods used; prohibited foods not offered	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
<p>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.</p> <p>Risk factor violations should be corrected on site during the inspection unless there is some reason that correction cannot be immediately made.</p>				

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	IN	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	OUT	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	OUT	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	OUT	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
--	°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 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)
-	<input type="checkbox"/> P <input type="checkbox"/> Pf <input type="checkbox"/> C	<i>WISCONSIN FOOD CODE REFERENCE</i> CORRECTIVE ACTION	--

Use this section for Good Retail Practice (GRP) Violations

Violation #	Description of violation, WFC Reference Number / Corrective Action Required	Compliance Date/ Corrected during inspection
37 <input type="checkbox"/> P <input type="checkbox"/> Pf <input checked="" type="checkbox"/> C	Personal items, cash box and in use wipe rag noted stored on prep cutting board. Exposed food was present on the cutting board at the time of inspection. <i>WISCONSIN FOOD CODE REFERENCE</i> 3–305.11 Food Storage. (A) Except as specified in ¶¶ (B) and (C) of this section, FOOD shall be protected from contamination	

	<p>by storing the FOOD:</p> <p>(1) In a clean, dry location;</p> <p>(2) Where it is not exposed to splash, dust, or other contamination; and</p> <p>(3) At least 15 cm (6 inches) above the floor.</p> <p>CORRECTIVE ACTION</p> <p>No personal items or items not necessary to food prep should be placed on food contact surfaces, especially during periods of food prep.</p>	
<p>39</p> <p><input type="checkbox"/> P</p> <p><input type="checkbox"/> Pf</p> <p><input checked="" type="checkbox"/> C</p>	<p>In use wiping rag was noted stored on the prep line cutting board. No wiping rag buckets were filled or in use in the food prep area.</p> <p>WISCONSIN FOOD CODE REFERENCE</p> <p>3-304.14 Wiping Cloths and Working Containers, Use Limitation.</p> <p>(A) Cloths in-use for wiping FOOD spills from TABLEWARE and carry-out containers that occur as FOOD is being served shall be:</p> <p>(1) Maintained dry; and</p> <p>(2) Used for no other purpose.</p> <p>(B) Cloths in-use for wiping counters and other EQUIPMENT surfaces shall be:</p> <p>(1) Held between uses in a chemical sanitizer solution at a concentration specified under § 4-501.114; and</p> <p>(2) Laundered daily as specified under ¶ 4-802.11 (D).</p> <p>CORRECTIVE ACTION</p> <p>In use wiping rags used to clean food spills must be maintained in sanitizer solution when not in use.</p>	
<p>46</p> <p><input type="checkbox"/> P</p> <p><input checked="" type="checkbox"/> Pf</p> <p><input type="checkbox"/> C</p>	<p>No chemical sanitizer test strips were available to monitor sanitizer strength. Filled sanitizer sink did not have measurable sanitizer concentration at the time of this inspection.</p> <p>WISCONSIN FOOD CODE REFERENCE</p> <p>4-302.14 Sanitizing Solutions, Testing Devices.</p> <p>A test kit or other device that accurately measures the concentration in mg/L of SANITIZING solutions shall be provided. Pf</p> <p>CORRECTIVE ACTION</p> <p>Chemical test strips must be available to monitor sanitizer concentrations.</p>	
<p>47</p> <p><input type="checkbox"/> P</p> <p><input type="checkbox"/> Pf</p> <p><input checked="" type="checkbox"/> C</p>	<p>Mold growth and soils noted on the walk in cooler ceiling, walls and equipment.</p> <p>WISCONSIN FOOD CODE REFERENCE</p> <p>4-601.11 Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils.</p> <p>(A) EQUIPMENT FOOD-CONTACT SURFACES and UTENSILS shall be clean to sight and touch. Pf</p> <p>(B) The FOOD-CONTACT SURFACES of cooking EQUIPMENT and pans shall be kept free of encrusted grease deposits and other soil accumulations.</p> <p>(C) NonFOOD-CONTACT SURFACES of EQUIPMENT shall be kept free of an accumulation of dust, dirt, FOOD residue, and other debris.</p> <p>CORRECTIVE ACTION</p> <p>All surfaces of the walk in cooler must be cleaned and sanitized to remove visible soils and mold growth. Equipment must then also be maintained in a clean condition.</p>	
<p><input type="checkbox"/> P</p> <p><input type="checkbox"/> Pf</p> <p><input type="checkbox"/> C</p>	<p>WISCONSIN FOOD CODE REFERENCE</p> <p>CORRECTIVE ACTION</p>	

Long term controls / approvals / special processes 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:

Provide the name, ID# and expiration date of the Certified Food Manager. Mr. Huynh was identified as no longer working at this location. Contact the Menasha Health Department with this information.

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		