LINCOLN COUNTY HEALTH DEPARTMENT

TEMPORARY RESTAURANT INSPECTION REPORT

607 N. Sales Street, Suite 101 Merrill, WI 54452
Phone: 715-536-0307 Fax: 715-536-2011

The information collected on this form is used to inform restaurant operators of code violation(s) in the operation of their establishment. Please refer to HFS 196 Appendix, Wisconsin Administrative Code, Wisconsin Food Code, for information on definitions and terms.

Establishment Name ID # Event /Location	Owner/Operator Name	
Mailing Address and Zip Code	Reciept of Payment : Cash: ☐ Check ☐ #_____	Date of Inspection

Check the appropriate box as follows: **"I" = In Compliance "O" = Out of Compliance "NO" = Not Observed "NA" = Not Applicable**

	I	O	NO	NA		I	O	NO	NA
1. Food from Approved Source					**4. Facility (continued)**				
A. Food from approved source/no home prepared foods/game food from approved source					E. Food protected from contamination by the public				
2. Temperatures					**5. Water & Plumbing**				
A. Thermometers provided					A. Safe water from an approved source				
B. Approved equipment for maintaining proper temperatures of food					B. Hot & cold running water under pressure & adequate quantity				
C. Proper food temperatures reached when cooking, re-heating & hot-holding					C. Water under pressure not provided -food service is limited				
D. Proper cold holding temperatures maintained					D. Cross connection, back siphonage, backflow prevention				
3. Operations					**6. Cleaning & Sanitizing**				
A. Employee hands clean & properly washed					A. Ware-washing facility acceptable				
B. Exposed ready-to-eat foods not touched by bare hands unless alternate plan approved					B. Sanitizer & test strips available				
C. Raw animal foods separated from raw or cooked ready-to-eat foods during preparation, storage & holding					C. Proper concentration of sanitizer being used				
4. Facility					**7. Waste Water Disposal**				
A. Hand wash facilities acceptable, convenient & easily accessible					Connection to approved system or adequate container for holding				
B. Hand wash facilities supplied with soap, towels & water					**8. Garbage**				
C. Effective screening or air curtain provided in food preparation & utensil wash areas					Containers adequate in number, covered & provide protection from pests				
D. Floor is in sanitary condition and of approved material. Roof & sidewalls approved									

Comments, temperatures and additional findings:

I understand and agree to comply with the corrections ordered in this report. I understand that failure to comply could result in legal action or loss of license according to Lincoln County Ordinance 11.06.

SIGNATURE- Person in Charge _____ Date Signed _____

SIGNATURE-Inspector _____ Date Signed _____