

## Retail Food Establishment Inspection Report

<b>Establishment Information</b>	
Facility Name <b>CORNER PUB</b>	Facility Type <b>Retail Food - Serving Meals</b>
Facility ID # <b>HSAT-7QWT54</b>	Facility Telephone # <b>920 730-1097</b>
Facility Address <b>1123 N MASON ST APPLETON , WI 54914</b>	
Licensee Name <b>KIM-RICK WILLIAMS</b>	Licensee Address <b>200 E HARDING DR APPLETON , WI 54915</b>

<b>Inspection Information</b>		
Inspection Type <b>Routine</b>	Inspection Date <b>May 30, 2024</b>	Total Time Spent

<b>Equipment Temperatures</b>	
Description <b>walkin beer cooler pizza freezer</b>	Temperature (Fahrenheit)

<b>Warewashing Info</b>					
Machine Name	Sanitization Method	Thermo Label	PPM	Sanitizer Name	Sanitizer Type
manual	bleach				

**OPERATOR** - The violations in operating procedure or physical arrangement indicated below must be corrected by the next routine inspection or by a date specified in this report.

<b>Comments:</b>
<p>Hold from Fire, Electrical, HVAC. Building and Plumbing not onsite to recheck. Inspections will create a CSR with all the notes. No storage under stairs.</p> <p>4 compartment sink installed. Bar still not completed and looking ready to open. Bar can not be reopened at this time. Final approvals needed from Fire, Electrical, HVAC, Plumbing and Building. Also Health needs to come back and bar should look like it is ready to open.</p> <p>Report emailed to <a href="mailto:crystal.k.denton@gmail.com">crystal.k.denton@gmail.com</a></p>

Any operator aggrieved by an order of this department under this chapter may request a hearing as provided in ch.227 statute, if state licensed, or a local ordinance if licensed by an agent health department.

Person in Charge

Sanitarian

  
**Kim Williams**

  
**Michelle Roberts**  
 (920) 832-6429