



## Recreational Educational Camp Inspection Report

<b>Establishment Information</b>	
Facility Name <b>CAMP HORSESHOE</b>	Facility Type <b>Recreational/Educational Camp (RRE)</b>
Facility ID # <b>SYOG-7QRVR9</b>	Facility Telephone # <b>715 362-2000</b>
Facility Address  	
Licensee Name <b>CAMP HORSESHOE LLC</b>	Licensee Address  

<b>Inspection Information</b>		
Inspection Type <b>Routine</b>	Inspection Date <b>July 27, 2021</b>	Total Time Spent  

<b>Equipment Temperatures</b>	
Description	Temperature (Fahrenheit)
Walk in refrigerator	38
Milk cooler	40
Upright refrig	38
Chest Freezer	0
Upright Freezer	-5
Juice Refrig	41
Walk In Freezer	-5

<b>Food Temperatures</b>	
Description	Temperature (Fahrenheit)
Strawberries in juice in Walk In Refrig	36
Hot Held Eggs in upright holding unit	127
Garlic butter in upright refrig	38

<b>Warewashing Info</b>					
Machine Name	Sanitization Method	Thermo Label	PPM	Sanitizer Name	Sanitizer Type
Low temp sanitizing dish machine			100		Chlorine
Wiping cloth sanitizer			272-40		Sulfonic Acid
			0		

**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>Observed Violations</b>
<b>Total # 1</b>
<b>Risk/Intervention - 21 - Proper hot holding temperatures</b> <b>This is a Critical violation</b>
<b>OBSERVATION:</b> Hot held eggs in upright holding unit at 127 F after about 20 minutes in hot holding unit
<b>CORRECTIVE ACTION(S):</b> Unit temperature was turned up. Maintain time/temperature control for safety food at or above 135°F. Correct By: 27-Jul-2021

<b>Comments:</b>
<p>1) Inspected Cabins Pioneer A &amp; B, 8 and 9 camper beds, respectively.</p> <p>2) Joanna Gudel signed Standing Orders.</p> <p>3) 237 campers this session, 30 total lifeguards.</p>

4) No waterfront activities after ~5:45.

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

A handwritten signature in black ink, appearing to read "Todd Troskey". The signature is written in a cursive style with a long horizontal stroke extending to the right.

**Todd Troskey**