DEPARTMENT OF HEALTH SERVICES
Division of Public Health
F-47217 (Rev. 1/09)

STATE OF WISCONSIN
Bureau of Environmental and Occupational Health
HFS 197, Wis. Admin. Code

BED AND BREAKFAST ESTABLISHMENTS INSPECTION REPORT

Name of Establishment	Street Address	City, Village or Township	County
Name of Licensee	Street Address	City, Village or Township	No. of Sleeping Rooms

Name of Previous Licensed Establishment	Name of Previous Licensed Operator	Establishment Phone No. / Operator's E-mail Address	I.D. No.

Survey Date	Inspection Status	License Status	Release Date
☐ Year Round ☐ Summer ☐ Winter ☐ Permit Conspicuously Displayed	Pre-Inspection ..... 1 Pre-Inspection Follow-Up ..... 2 1st Inspection ..... 3 Reg. Inspection ..... 4 Follow-Up ..... 5 Complaint ..... 6 Other 7	Release .....1 Conditional .....2 Withhold .....3 Suspend .....4 Operational .....5 Other 6	Inspection Time File Note

Rooms Inspected

OPERATOR NOTE - The violations in operating procedure or physical arrangement indicated below must be corrected by the next routine inspection or such period of time as may be specified.

s. 254.61 (1)(a)-(f) Meets Definition ☐ Yes ☐ No
COMM Exemption from Number of Exits ☐ Yes ☐ No
Construction/Addition/Renovation Before 5/11/90 ☐ Yes ☐ No
UDC Complying ☐ Yes ☐ No

HFS 197.05 WATER SUPPLY & WASTE DISPOSAL

1 _____ (2) ☐ Public Water
2 _____ (2) ☐ Public Sewer
3 _____ (3) ☐ Private Well
4 _____ (3) 1-Sample Taken & Submitted
5 _____ (3) 2-Results Available
6 _____ (4) Plumbing-Designed/Maintained
7 _____ (4) Cross-Connection
8 _____ (5) ☐ (a)(b)(c)(d) Private Sewage

HFS 197.06 TOILET, HANDWASHING & BATHING FACILITIES

9 _____ (2) Fixtures-Installed, Designed, Maintained, Clean
10 _____ (3) Hot & Cold Water
11 _____ (4) Linen & Towels-Clean, Stored, Handled

HFS 197.07 FURNISHING, EQUIPMENT & UTENSILS

12 _____ (1) Design/Construction
13 _____ (2) Installation
14 _____ (3) Maintenance/Cleaning
15 _____ (4) (a)(c) Utensils/Surfaces Clean, Good Repair
16 _____ (4) (b)(d) Dishwashing Facilities: designed, constructed
17 _____ (4) (e) Proper Sanitization: _____ °F.
Concentration _____ ppm Brand _____
_____ Means of measuring sanitization or (test strips provided and used)
18 _____ (5) Single-Service Reuse

HFS 197.08 FOOD

☐ Meal Limited to Only Breakfast
19 _____ (1) Storage
20 _____ (2) Food Supplies-Safe for Human Consump.
21 _____ (3) (a) Protection
22 _____ (3) (a) Cold Temp. ____ °F.
23 _____ (3) (a) Hot Temp. ____ °F.
24 _____ (3) (b) Facilities to Maintain Product Temp.
25 _____ (3) (c) Storage Off Floor
26 _____ (4) (a)(b) Employee Health
27 _____ (4) (c) Personal Hyg / Handwashing / Tobacco Use

s. 254.75 Waiver for Food Service to Tourist Rooming House
☐ Yes ☐ No ☐ N/A

HFS 197.09 BUILDING SAFETY

28 _____ (1) Combustion Air Provided
29 _____ (2) Smoke Detect-Provided/Maintained/Located
30 _____ (3) Window Screens
31 _____ (4) Fire Ext.-Provided/Maintained/Located
32 _____ (5) Vent & Lighting
33 _____ (6) Cooking in Room Prohibited

HFS 197.10 MAINTENANCE

34 _____ (1) General
35 _____ (2) Fls, Wls, Ceils-Clean, Good Repair
36 _____ (3) Bldgs & Grnds-Clean, Hazard Free, Good Repair
37 _____ (4) Insect & Rodent Control

s. 254.61 (4) Public Health and Safety
Other:

SIGNATURE - Licensee or Employee

SIGNATURE – Sanitarian

REGIONAL OFFICE - White copy OPERATOR - Pink copy CENTRAL OFFICE - Pink copy