



Foodservice Establishment Inspection Report

| Establishment Information | |
|--|--|
| Facility Name BENNETT O' RILEY'S | Facility Type Tavern |
| Facility ID # ASTS-A8YN4R | Facility Telephone # 608 484-0246 |
| Facility Address 213 S 3RD ST LA CROSSE , WI 54601 | |
| Licensee Name HOUSEHOLDER, DARON | Licensee Address 915 TYLER ST LA CROSSE , WI 54601 |

| Inspection Information | | |
|-----------------------------------|--------------------------------------|------------------|
| Inspection Type Routine | Inspection Date 05/17/2016 | Total Time Spent |

| Equipment Temperatures | |
|-------------------------------|--------------------------|
| Description | Temperature (Fahrenheit) |
| Reach in cooler | 35 |
| bar bunkers | 36,39 |
| walk in cooler | 41 |

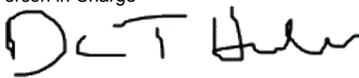
| Warewashing Info | | | | | | |
|-------------------------|---------------------|--------------|-----|----------------|----------------|-------------|
| Machine Name | Sanitization Method | Thermo Label | PPM | Sanitizer Name | Sanitizer Type | Temperature |
| 3 compartment bar sink | | | | Chlorine | | |

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.

| Observed Violations |
|----------------------------|
| Total # 0 |

| Comments |
|---|
| <p>Risk assessment conducted.</p> <p>Replace soda gun holsters, and/or clean/sanitize regularly immediately.</p> <p>Will add a smooth, durable, and cleanable surface to behind the bar area by 7/1/17.</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

Daron Householder

Sanitarian

Aron Newberry
(608) 785-9730