



Retail Food Establishment Inspection Report

Establishment Information	
Facility Name BLUE MOON AT THE LA CROSSE CENTER	Facility Type Restaurant
Facility ID # ASTS-9Y9MMB	Facility Telephone # 608 781-6800
Facility Address 300 HARBORVIEW PLAZA LA CROSSE , WI 54601	
Licensee Name LAKESIDE RESTAURANT INC	Licensee Address 716 2ND AVENUE N ONALASKA , WI 54650

Inspection Information		
Inspection Type Routine	Inspection Date 09/15/2016	Total Time Spent

Equipment Temperatures	
Description	Temperature (Fahrenheit)
walk-in cooler	35
walk-in freezer	0

Warewashing Info						
Machine Name	Sanitization Method	Thermo Label	PPM	Sanitizer Name	Sanitizer Type	Temperature
dish machine	high temperature	NSU				

Certified Manager		
Name ANTHONY J FOLEY	Certificate # KBRN-98DQYW	Certificate Expiration 4/22/2018

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
Menu review and risk assessment conducted.

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

Tiffany Epps

Sanitarian

**Aron Newberry
(608) 785-9730**