



## Foodservice Establishment Inspection Report

<b>Establishment Information</b>	
Facility Name BLUFFSIDE	Facility Type Restaurant
Facility ID # HSAT-7QXLW6	Facility Telephone # 608 796-1007
Facility Address 2712 MAIN ST LA CROSSE, WI 54601	
Licensee Name GAZELEY LLC	Licensee Address 2627 KING ST LA CROSSE, WI 54601

<b>Inspection Information</b>		
Inspection Type Routine	Inspection Date December 28, 2015	Total Time Spent

<b>Equipment Temperatures</b>	
Description	Temperature (Fahrenheit)
Freezer	8
Refrigeration	40, 40, 31, 33

<b>Warewashing Info</b>					
Machine Name	Sanitization Method	Thermo Label	PPM	Sanitizer Name	Sanitizer Type
3 compartment sink	Chemical		100	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.

<b>Observed Violations</b>
<p><b>Total # 1</b></p> <p><b>Good Retail Practices - 46 - Warewashing facilities: installed, maintained, &amp; used: test strips</b> This is a priority foundation item <b>OBSERVATION:</b> A chlorine test kit is not available for checking sanitizer concentrations. <b>CORRECTIVE ACTION(S):</b> Provide a test kit or other device for measuring the concentration of sanitizing solutions. Correct By: 28-Jun-2016 <b>CODE CITATION:</b> 4-302.14 A test kit or other device that accurately measures the concentration in mg/L of SANITIZING solutions shall be provided. [Pf]</p>

**Comments**

1. Facility serves frozen pizzas & bar service.

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



**Nicole Frankfourth**  
(608) 785-9731