



Retail Food Establishment Inspection Report

<b>Establishment Information</b>	
Facility Name <b>CARGILL ROOM AND RIVER ROCKS</b>	Facility Type <b>Restaurant</b>
Facility ID # <b>HSAT-7QXGLQ</b>	Facility Telephone # <b>608 782-5034</b>
Facility Address <b>332 FRONT S ST LA CROSSE , WI 54601-4023</b>	
Licensee Name <b>D WEBER RESTAURANT II LLC</b>	Licensee Address <b>145 17TH S ST LA CROSSE , WI 54601 -4255</b>

<b>Inspection Information</b>		
Inspection Type <b>Routine</b>	Inspection Date <b>06/23/2016</b>	Total Time Spent

<b>Equipment Temperatures</b>	
Description	Temperature (Fahrenheit)
walk-in cooler	39
reach-in coolers	39,33,33,42,37
reach-in freezers	18,-2,3.5
display cooler	36

<b>Warewashing Info</b>						
Machine Name	Sanitization Method	Thermo Label	PPM	Sanitizer Name	Sanitizer Type	Temperature
dish machine	high temperature chemical	Passed	300	Quaternary ammonium Chlorine		
wiping bucket			300			
4			NSU			
compartment sink/ wall dispenser						
3						
compartment sinks (2)						

<b>Certified Manager</b>		
Name <b>RYAN D EMMONS</b>	Certificate # <b>KBRN-9UWLVN</b>	Certificate Expiration <b>2/15/2020</b>

**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 # 0</b>

<b>Comments</b>
<a href="#">Menu review and risk assessment conducted.</a>

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



**alexander j curtis**

Sanitarian



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