



Foodservice Establishment Inspection Report

Establishment Information	
Facility Name CASINO	Facility Type Tavern
Facility ID # ASTS-8T9JUJ	Facility Telephone # 608 397-8829
Facility Address 304 PEARL ST LA CROSSE, WI 54601	
Licensee Name SCHMITZ, DANIEL	Licensee Address 523 SANBORN ST , WI 54603

Inspection Information		
Inspection Type Routine	Inspection Date 01/27/2016	Total Time Spent

Equipment Temperatures	
Description	Temperature (Fahrenheit)
reach-in coolers	

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

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
<p>Total # 2</p> <p>Good Retail Practices - 46 - Warewashing facilities: installed, maintained, & used: test strips This is a priority foundation item OBSERVATION: A Thermal test kit is not available for checking sanitizer concentrations. CORRECTIVE ACTION(S): Provide a test kit or other device for measuring the concentration of sanitizing solutions. Correct By: 03-Feb-2016 CODE CITATION: 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> <p>Risk/Intervention - 08 - Adequate handwashing facilities supplied and accessible This is a core item OBSERVATION: (CORRECTED DURING INSPECTION): No handwashing signage provided at mens room handwashing sink. CORRECTIVE ACTION(S): Provide handwashing signage at all handwashing sinks used by food employees. CODE CITATION: 6-301.14 A sign or poster that notifies FOOD EMPLOYEES to wash their hands shall be provided at all HANDWASHING SINKS used by FOOD EMPLOYEES and shall be clearly visible to FOOD EMPLOYEES.</p>

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



dan schmitz

Sanitarian



Aron Newberry
(608) 785-9730