



## Foodservice Establishment Inspection Report

<b>Establishment Information</b>	
Facility Name CONCORDIA BALLROOM	Facility Type Restaurant
Facility ID # BSAW-87XJAV	Facility Telephone # 608
Facility Address 1129 LA CROSSE ST LA CROSSE, WI 54601	
Licensee Name CONCORDIA AID SOCIETY INC	Licensee Address 1129 LA CROSSE ST LA CROSSE, WI 54601

<b>Inspection Information</b>		
Inspection Type Routine	Inspection Date February 09, 2016	Total Time Spent

<b>Equipment Temperatures</b>	
Description Stand up cooler	Temperature (Fahrenheit) 39

<b>Warewashing Info</b>					
Machine Name	Sanitization Method	Thermo Label	PPM	Sanitizer Name	Sanitizer Type
3 compartment sink			NSU	Chlorine	

<b>Certified Manager</b>		
Name DAVID J SPAID	Certificate # KBRN-9KKR5G	Certificate Expiration 8/26/2019

**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>Risk/Intervention - 08 - Adequate handwashing facilities supplied and accessible</b> This is a core item <b>OBSERVATION: (CORRECTED DURING INSPECTION):</b> No handwashing signage provided at women's restroom handwashing sink. <b>CORRECTIVE ACTION(S):</b> Provide handwashing signage at all handwashing sinks used by food employees. Correct By: 09-Feb-2016 <b>CODE CITATION:</b> 6-301.14 A sign or poster that notifies FOOD EMPLOYEES to wash their hands shall</p>

be provided at all HANDWASHING SINKS used by FOOD EMPLOYEES and shall be clearly visible to FOOD EMPLOYEES.

**Comments**

1. [Mainly caterers who use kitchen.](#)

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



**jeffrey george**



Sanitarian



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