



## Foodservice Establishment Inspection Report

<b>Establishment Information</b>	
Facility Name <b>COUSIN'S SUBS AT APAC</b>	Facility Type <b>Restaurant</b>
Facility ID # <b>ASTS-8KJLUL</b>	Facility Telephone # <b>608 783-5555</b>
Facility Address <b>3201 HWY 16 LA CROSSE, WI 54601</b>	
Licensee Name <b>COULEE SUBS INC</b>	Licensee Address <b>120 SCENIC CT WEST SALEM, WI 54669</b>

<b>Inspection Information</b>		
Inspection Type <b>Routine</b>	Inspection Date <b>July 23, 2013</b>	Total Time Spent <b>0.18</b>

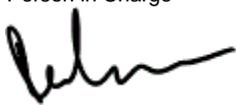
<b>Warewashing Info</b>					
Machine Name	Sanitization Method	Thermo Label	PPM	Sanitizer Name	Sanitizer Type
<b>3 compartment sink</b>	<b>Chemical</b>				

**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>Comments</b>
1. No violations today. Time as a Control plan was modified to times food is served.

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  
  
**Shahinor Rahmen**

Sanitarian  
  
**Katie Dempsey**  
**(608) 785-9731**