



Foodservice Establishment Inspection Report

Establishment Information	
Facility Name EAGLE CREST SOUTH CBRF	Facility Type Restaurant
Facility ID # ASTS-A7HLJJ	Facility Telephone # 608 791-2724
Facility Address 622 BENNERA LEE CT LA CROSSE , WI 54601	
Licensee Name BETHANY LUTHERAN HOMES INC	Licensee Address 2575 SE 7TH ST LA CROSSE , WI 54601

Inspection Information		
Inspection Type Routine	Inspection Date 03/18/2016	Total Time Spent

Equipment Temperatures	
Description	Temperature (Fahrenheit)
walk in freezer	1.5
walk in cooler	37
prep cooler	40
reach in cooler	42, 34
reach in freezer	0

Warewashing Info						
Machine Name	Sanitization Method	Thermo Label	PPM	Sanitizer Name	Sanitizer Type	Temperature
dish machine	thermal	Passed		Quaternary ammonium		
wiping bucket	chemical					
3 compartment sink				Quaternary ammonium		

Certified Manager		
Name NANCY A WANNEMUEHLER	Certificate # DOGD-92KAJR	Certificate Expiration 2/23/2018

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 # 1</p> <p>Risk/Intervention - 1A - Certified food manager: duties This is a core item</p> <p>OBSERVATION: There is no State of Wisconsin food manager's certificate posted in the food establishment.</p> <p>CORRECTIVE ACTION(S): Provide & post an original State of Wisconsin food manager's certificate. Correct By: 25-Mar-2016</p> <p>CODE CITATION: 12-201.11(C) A FOOD ESTABLISHMENT shall post a certificate issued by the DEPARTMENT under this section in a conspicuous place on the premises of the FOOD ESTABLISHMENT.</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



todd friebohle

Sanitarian



Aron Newberry
(608) 785-9730