



Retail Food Establishment Inspection Report

<b>Establishment Information</b>	
Facility Name <b>KENTUCKY FRIED CHICKEN</b>	Facility Type <b>Restaurant</b>
Facility ID # <b>ASTS-AEXLZP</b>	Facility Telephone # <b>608</b>
Facility Address <b>2001 ROSE LA CROSSE , WI 54603</b>	
Licensee Name <b>MITRA MIDWEST ACQUISTION LLC</b>	Licensee Address <b>18900 DALLAS PKWY STE 125 DALLAS , TX 75287</b>

<b>Inspection Information</b>		
Inspection Type <b>Pre-inspection</b>	Inspection Date <b>10/25/2016</b>	Total Time Spent

**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>
<p>Install paper towel dispenser in the ladies rest room.            Unplug the toilet in the men's rest room.            Cold well is down today.            Extend the drain on the water heater to the floor drain.            Replace the deteriorated racking in the walk in cooler.            Properly mount the hand sink by the breadng station. Remove the stem handle on the faucet.            Repair the emergency light at bread station.            Eliminate the peeling paint and rust on the ventilation above the breadng station.            Clean the hood. Recommend 3 month frequency on this.            Repair the floor at 3 compartment sink, mop sink and breadng station areas.            Significant ice was noted on the outside of the freezer door, suspect a missing gasket.</p>

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.

A re-inspection to assess your correction of these violations will be conducted on, or about,

Person in Charge

**juliw Risen**

Sanitarian

**Doug Schaefer**  
**(608) 785-9679**



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<b>Inspection Information</b>		
Inspection Type <b>Pre-inspection Follow Up</b>	Inspection Date <b>11/04/2016</b>	Total Time Spent

**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>
<p>Water softener leak needs repair. Hood cleaning and floor repair is scheduled. All other corrections made. Ok to issue a conditional permit when sale is confirmed.</p>

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

**John Daniel**

Sanitarian

**Doug Schaefer**  
**(608) 785-9679**