



Foodservice Establishment Inspection Report

<b>Establishment Information</b>	
Facility Name KWIK TRIP #850	Facility Type Small Potentially Hazardous
Facility ID # ASTS-8S6NNS	Facility Telephone # 608 793-6161
Facility Address 1626 OAK ST LA CROSSE , WI 54603	
Licensee Name KWIK TRIP INC	Licensee Address PO BOX 2107 LA CROSSE , WI 54602

<b>Inspection Information</b>		
Inspection Type Routine	Inspection Date 02/22/2016	Total Time Spent

<b>Equipment Temperatures</b>	
Description	Temperature (Fahrenheit)
Refrigeration	34, 40, 40, 35, 40, 41, 40, 41

<b>Food Temperatures</b>	
Description	Temperature (Fahrenheit)
Hot holding	154, 146, 153

<b>Warewashing Info</b>					
Machine Name	Sanitization Method	Thermo Label	PPM	Sanitizer Name	Sanitizer Type
3 compartment sink	chemical		300		QA

<b>Certified Manager</b>		
Name TERRI S HALE	Certificate # CJEY-9QLQYW	Certificate Expiration 9/26/2019

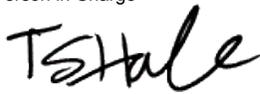
**OPERATOR** - The violations in operating procedure or physical arrangement indicated below must be corrected by the next routine inspection or by a date specified in this report.

<b>Observed Violations</b>
Total # 0

<b>Comments</b>
<a href="#">Menu review and risk assessment conducted.</a>

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

  
Terri Hale

Sanitarian

  
Doug Schaefer  
(608) 785-9679