



Foodservice Establishment Inspection Report

| Establishment Information | |
|--|---|
| Facility Name MENARDS - LA CROSSE | Facility Type Not Engaged in Food Processing |
| Facility ID # ASTS-8S6NDH | Facility Telephone # 608 796-2238 |
| Facility Address 223 LANG DR LA CROSSE, WI 54603 | |
| Licensee Name MENARDS INC | Licensee Address 4777 MENARD DR EAU CLAIRE, WI 54703 |

| Inspection Information | | |
|-------------------------------|-------------------------------------|------------------|
| Inspection Type Routine | Inspection Date January 15, 2016 | Total Time Spent |

| Equipment Temperatures | |
|-------------------------------|--------------------------|
| Description | Temperature (Fahrenheit) |
| Refrigeration - dairy | 35 |
| Freezer | -8 |
| Chest Freezers | 11, 17, 16 |
| Front retail coolers | 38, 40.5, 38.5, 40 |

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 |
|----------------------------|
| Total # 0 |

| Comments |
|---|
| <ol style="list-style-type: none"> 1. Routine inspection conducted. 2. No violations at time of inspection. |

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

Sanitarian

Nicole Frankfourth

(608) 785-9731