



Retail Food Establishment Inspection Report

<b>Establishment Information</b>	
Facility Name NOFSINGER, TONIA	Facility Type Mobile Service Base
Facility ID # ASTS-8U3SGG	Facility Telephone # 608 780-5317
Facility Address W3204 COUNTY RD M LA CROSSE , WI 54601	
Licensee Name NOFSINGER, TONIA	Licensee Address W3204 COUNTY RD M LA CROSSE , WI 54601

<b>Inspection Information</b>		
Inspection Type Routine	Inspection Date 06/23/2016	Total Time Spent

<b>Equipment Temperatures</b>	
Description	Temperature (Fahrenheit)
Chest Freezer 1	-1
Chest Freezer 2	4

<b>Certified Manager</b>		
Name TONIA L NOFSINGER	Certificate # DOGD-9U7BZ9	Certificate Expiration 5/13/2020

**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>
No violations noted at inspection. <a href="#">Contact Sam (785-9732) with questions. Risk assessment and menu review conducted at inspection.</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

  
**Tonia Nofsinger**

Sanitarian

  
**Samuel Welch**  
(608) 785-9732