



Foodservice Establishment Inspection Report

Establishment Information	
Facility Name OKTOBERFEST USA	Facility Type Restaurant
Facility ID # HSAT-7QXEHT	Facility Telephone # 608 784-3378
Facility Address 1 OKTOBERFEST STRASSE LA CROSSE, WI 54602	
Licensee Name LA CROSSE FESTIVALS INC	Licensee Address PO BOX 1716 LA CROSSE, WI 54602

Inspection Information		
Inspection Type Routine	Inspection Date October 01, 2015	Total Time Spent

Equipment Temperatures	
Description	Temperature (Fahrenheit)
Walk in cooler	37
Stand up coolers	42, 36

Food Temperatures	
Description	Temperature (Fahrenheit)
Hot hold - brats	170

Warewashing Info					
Machine Name	Sanitization Method	Thermo Label	PPM	Sanitizer Name	Sanitizer Type
3 compartment sink	Chemical		100	Chlorine	

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
1. No violations observed at time of inspection. Signed on site with paper copy.

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