



Retail Food Establishment Inspection Report

<b>Establishment Information</b>	
Facility Name <b>POGREBA RESTAURANT</b>	Facility Type <b>Restaurant</b>
Facility ID # <b>ASTS-8J3TGP</b>	Facility Telephone # <b>608 784-2386</b>
Facility Address <b>1232 AVON ST LA CROSSE , WI 54603</b>	
Licensee Name <b>POGYS P &amp; E ENTERPRISES</b>	Licensee Address <b>614 S 6TH ST LA CROSSE , WI 54601</b>

<b>Inspection Information</b>		
Inspection Type <b>Routine</b>	Inspection Date <b>06/16/2016</b>	Total Time Spent

<b>Equipment Temperatures</b>	
Description	Temperature (Fahrenheit)
<b>Refrigeration</b>	<b>42, 39, 39, 31</b>

<b>Warewashing Info</b>						
Machine Name	Sanitization Method	Thermo Label	PPM	Sanitizer Name	Sanitizer Type	Temperature
dish machine (catering)	chemical	pass 160 degree	100		chlorine	
glasswasher (lower bar)	chemical		50			chlorine
dish machine (mezz)	high temperature		200			chlorine
dish machine (kitchen)						

<b>Certified Manager</b>		
Name	Certificate #	Certificate Expiration
<b>MARK A MAVRANTONIS</b>	<b>KBRN-96TPNQ</b>	<b>3/6/2018</b>
<b>CARMEN E BORSDORF</b>	<b>KBRN-A6YPX2</b>	<b>1/18/2021</b>
<b>JARED M MCCONNELL</b>	<b>KBRN-A6YTPX</b>	<b>1/18/2021</b>

**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>
<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.

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