



Retail Food Establishment Inspection Report

| Establishment Information | |
|---|--|
| Facility Name VERSE LOUNGE & GRILL, THE | Facility Type Restaurant |
| Facility ID # ASTS-A58NX2 | Facility Telephone # 715 663-0149 |
| Facility Address 717 ROSE ST LA CROSSE , WI 54603 | |
| Licensee Name VERSE LOUNGE & GRILL, THE | Licensee Address 717 ROSE ST LA CROSSE , WI 54603 |

| Inspection Information | | |
|-------------------------------|-------------------------------|------------------|
| Inspection Type Routine | Inspection Date 07/12/2016 | Total Time Spent |

| Equipment Temperatures | |
|-------------------------------|--------------------------|
| Description | Temperature (Fahrenheit) |
| Refrigeration | 40 |

| Warewashing Info | | | | | | |
|-------------------------|---------------------|--------------|-----|----------------|----------------|-------------|
| Machine Name | Sanitization Method | Thermo Label | PPM | Sanitizer Name | Sanitizer Type | Temperature |
| 3 comp sink | chemical | | 300 | | QA | |
| Dish machine | chemical | | 50 | | 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 |
|--|
| Menu review and risk assessment conducted. |

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

Doug Schaefer
(608) 785-9679