



Retail Food Establishment Inspection Report

<b>Establishment Information</b>	
Facility Name WALGREENS #12455	Facility Type Not Engaged in Food Processing
Facility ID # ASTS-8S6NYX	Facility Telephone # 608 788-9700
Facility Address 3909 MORMON COULEE RD LA CROSSE , WI 54601	
Licensee Name WALGREENS CO	Licensee Address PO BOX 901 TAX DEPT DEERFIELD , IL 60015

<b>Inspection Information</b>		
Inspection Type Routine	Inspection Date 08/03/2016	Total Time Spent

<b>Equipment Temperatures</b>	
Description	Temperature (Fahrenheit)
walk-in cooler	36
walk-in freezer	2

**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="#">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.

Person in Charge  


Sanitarian  
  
**Aron Newberry**  
**(608) 785-9730**