



### Retail Food Establishment Inspection Report

<b>Establishment Information</b>	
Facility Name WALGREENS #12456	Facility Type Not Engaged in Food Processing
Facility ID # ASTS-8S6P7B	Facility Telephone # 608 779-0939
Facility Address 4415 STATE ST 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 September 19, 2016	Total Time Spent

<b>Equipment Temperatures</b>	
Description	Temperature (Fahrenheit)
Cooler	39
Freezer	5.5

**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>
Total # 0

<b>Comments</b>
1. Discussed with PIC at inspection; pen was not working during inspection for signature.

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

A handwritten signature in black ink, appearing to read "Nicole Frankfourth", with a horizontal line extending to the right.

**Nicole Frankfourth**  
**(608) 785-9731**