LA CROSSE COUNTY HEALTH DEPARTMENT
Environmental Health Division

STATE OF WISCONSIN
Bureau of Environmental and Occupational Health

Foodservice Establishment Inspection Report

Establishment Information

Facility Name	Facility Type
AQUINAS-CHARTWELLS	University or School
Facility ID #	**Facility Telephone #**
HSAT-7QXDAX	608 784-0287
Facility Address	
315 11TH STREET S LA CROSSE , WI 54601	
Licensee Name	**Licensee Address**
COMPASS GROUP USA INC	2400 YORKMONT RD CHARLOTT , NC 28217

Inspection Information

Inspection Type	Inspection Date	Total Time Spent
Routine	04/11/2016	

Equipment Temperatures

Description	Temperature (Fahrenheit)
walk-in cooler	37
walk-in freezer	2.5
ice cream freezer	7
reach-in coolers	38,39,33,33
prep cooler	38
milk bunker	33

Warewashing Info

Machine Name	Sanitization Method	Thermo Label	PPM	Sanitizer Name	Sanitizer Type	Temperature
4 compartment sink wiping bucket	chemical chemical			Quaternary ammonium Quaternary ammonium		

Certified Manager

Name	Certificate #	Certificate Expiration
MICHELLE L HANSON	KBRN-96TLAD	2/20/2018

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.
Created a Time as a Public Health Control Plan while onsite. All cooked foods will be discarded after service daily.

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

Michelle Hanson

Sanitarian

Aron Newberry
(608) 785-9730