



Retail Food Establishment Inspection Report

<b>Establishment Information</b>	
Facility Name <b>BEBO'S</b>	Facility Type <b>Mobile Restaurant</b>
Facility ID # <b>ASTS-8VANCJ</b>	Facility Telephone # <b>608 458-2110</b>
Facility Address <b>1100 KANE ST LA CROSSE , WI 54603</b>	
Licensee Name <b>BEBO'S</b>	Licensee Address <b>PO BOX 177 DAKOTA , MN 55925</b>

<b>Inspection Information</b>		
Inspection Type <b>Routine</b>	Inspection Date <b>August 29, 2017</b>	Total Time Spent

<b>Equipment Temperatures</b>	
Description <b>Hot well Condiment containers</b>	Temperature (Fahrenheit)

<b>Warewashing Info</b>						
Machine Name	Sanitization Method	Thermo Label	PPM	Sanitizer Name	Sanitizer Type	Temperature
Sanitizer bucket	Chemical		nsu		QA	

<b>Certified Manager</b>		
Name <b>BRONSON A HURT</b>	Certificate # <b>KBRN-922R4P</b>	Certificate Expiration <b>08/31/2017</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>Comments:</b>

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

**Bronson Hurt**

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