



Retail Food Establishment Inspection Report

Establishment Information	
Facility Name BLUE MOON AT THE LA CROSSE CENTER	Facility Type Restaurant
Facility ID # ASTS-9Y9MMB	Facility Telephone # 608 781-6800
Facility Address 300 HARBORVIEW PLAZA LA CROSSE , WI 54601	
Licensee Name LAKESIDE RESTAURANT INC	Licensee Address 716 2ND AVENUE N ONALASKA , WI 54650

Inspection Information		
Inspection Type Routine	Inspection Date June 12, 2018	Total Time Spent

Equipment Temperatures	
Description walk-in cooler	Temperature (Fahrenheit) 33
reach in coolers	43

Warewashing Info					
Machine Name	Sanitization Method	Thermo Label	PPM	Sanitizer Name	Sanitizer Type
dish machine	high temperature	FAILED			

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.

Comments:
<p>Employee health reporting agreement provided.</p> <p>Need to verify that the dish machine at the la crosse center is passing prior to sanitizing dishes.</p>

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

Kimberly Nimtz

Aron Newberry
(608) 785-9730