



Retail Food Establishment Inspection Report

| <b>Establishment Information</b>                               |  |
|--|--|
| Facility Name<br><b>CABIN COFFEE COMPANY</b>                   | Facility Type<br><b>Very Small Potentially Hazardous</b>           |
| Facility ID #<br><b>ASTS-8TAM3V</b>                            | Facility Telephone #<br><b>608 519-3055</b>                        |
| Facility Address<br><b>401 JAY ST<br/>LA CROSSE , WI 54601</b> |  |
| Licensee Name<br><b>E &amp; C VENTURES LLC</b>                 | Licensee Address<br><b>401 JAY ST<br/>LA CROSSE , WI<br/>54601</b> |

| <b>Inspection Information</b>     |                                      |                  |     |                               |                |             |
|-----------------------------------|--------------------------------------|------------------|-----|-------------------------------|----------------|-------------|
| Inspection Type<br><b>Routine</b> | Inspection Date<br><b>10/21/2016</b> | Total Time Spent |     |                               |                |             |
| <b>Warewashing Info</b>           |                                      |                  |     |                               |                |             |
| Machine Name                      | Sanitization Method                  | Thermo Label     | PPM | Sanitizer Name                | Sanitizer Type | Temperature |
| spray bottle                      | chemical                             | -                | 200 | ProPower Quaternary Sanitizer | QA             |             |

**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>  |
|--|
| No violations noted at inspection. <a href="#">Contact Sam (785-9732) with questions. Risk assessment and menu review conducted at inspection.</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

**Cathy Bauer**

Sanitarian

**Samuel Welch**  
**(608) 785-9732**