



Retail Food Establishment Inspection Report

<b>Establishment Information</b>	
Facility Name <b>CANTEEN COMMISSARY</b>	Facility Type <b>Vending Machine</b>
Facility ID # <b>ASTS-9AZR8B</b>	Facility Telephone # <b>608 788-8363</b>
Facility Address <b>3172 BERLIN DR LA CROSSE, WI 54601</b>	
Licensee Name <b>CANTEEN VENDING</b>	Licensee Address <b>,</b>

<b>Inspection Information</b>		
Inspection Type <b>Routine</b>	Inspection Date <b>January 25, 2017</b>	Total Time Spent

<b>Equipment Temperatures</b>	
Description	Temperature (Fahrenheit)
Refrigeration	39, 39.5, 39.5, 37
Freezers	1.5, -4, -5, -6, 7

<b>Warewashing Info</b>						
Machine Name	Sanitization Method	Thermo Label	PPM	Sanitizer Name	Sanitizer Type	Temperature
Dishwasher 3 Compartment Sanitizer Bucket	Temperature Chemical Chemical	Passed	400 400, 400	Quaternary ammonium Quaternary ammonium		

<b>Certified Manager</b>		
Name <b>RHONDA M JENSEN</b>	Certificate # <b>CJEY-9MBQKU</b>	Certificate Expiration <b>10/20/2019</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>Observed Violations</b>
<b>Total # 0</b>

<b>Comments</b>
<ol style="list-style-type: none"> <li>1. Menu review and risk assessment conducted.</li> <li>2. Reviewed employee illness policy.</li> <li>3. Reviewed cooling logs, temperature logs</li> <li>4. No violations at time of inspection</li> <li>5. CFM - ServSafe Theresa Gotham, Rhonda Jensen</li> </ol>

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



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