



Retail Food Establishment Inspection Report

| Establishment Information | |
|---|---|
| Facility Name CULVER'S | Facility Type Restaurant |
| Facility ID # ASTS-9NRHJ7 | Facility Telephone # 608 |
| Facility Address 835 OAK AVE S ONALASKA, WI 54650 | |
| Licensee Name J2EG BURGESS LLC | Licensee Address 835 OAK AVE S ONALASKA, WI 54650 |

| Inspection Information | | |
|-----------------------------------|--|------------------|
| Inspection Type Routine | Inspection Date January 23, 2019 | Total Time Spent |

| Equipment Temperatures | |
|---|--------------------------|
| Description | Temperature (Fahrenheit) |
| condiment cooler w/ prep top on cook line | 40 |
| walk in cooler | 38 |
| meat cooler on cook line | 38 |
| toppings reach in | 36 |
| cashier line undercounter cooler | 37 |
| cashier line prep top | 42 |

| Food Temperatures | |
|----------------------------------|--------------------------|
| Description | Temperature (Fahrenheit) |
| CH slice tomato | 36 |
| Cooked hamburger | 189 |
| HH roast beef | 166 |
| HH chili | 151 |
| cooked cod | 191 |
| CH soft serve | 38 |
| CH cut stawberries toppings prep | 36 |
| HH soup on cashier line | 156 |
| HH mushrooms | 156 |
| CH tartar sauce on cashier line | 42 |

| Warewashing Info | | | | | |
|-------------------------|---------------------|--------------|-----|----------------|----------------|
| Machine Name | Sanitization Method | Thermo Label | PPM | Sanitizer Name | Sanitizer Type |
| Dish machine | chemical | | 150 | chlorine | |
| Wiping bucket | chemical | | 300 | QA | |

| Certified Manager | | |
|--------------------------|---------------|------------------------|
| Name | Certificate # | Certificate Expiration |
| JACOB P BOWE | DOGD-ABF9UX | 9/12/2021 |
| NISSA R TOLVSTAD | CJEY-9W4S8B | 2/24/2020 |
| KATIE A JORE | MMAH-AF3KKZ | 8/22/2021 |

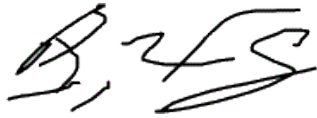
OPERATOR - The violations in operating procedure or physical arrangement indicated below must be corrected by the next routine inspection or by a date specified in this report.

Comments:

[Menu review and risk assessment conducted.](#)

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



Branden Fleming

Sanitarian



Aron Newberry
(608) 785-9730