



Retail Food Establishment Inspection Report

<b>Establishment Information</b>	
Facility Name <b>DNA VINTNERS</b>	Facility Type <b>Tavern</b>
Facility ID # <b>MWAS-AYMSCW</b>	Facility Telephone # <b>608 498-0582</b>
Facility Address <b>1223 CALEDONIA ST LA CROSSE , WI 54603</b>	
Licensee Name <b>DIANA HOBSON</b>	Licensee Address <b>420 15TH ST. S LA CROSSE , WI 54601</b>

<b>Inspection Information</b>					
Inspection Type <b>Routine</b>	Inspection Date <b>May 2, 2019</b>	Total Time Spent			
<b>Warewashing Info</b>					
Machine Name	Sanitization Method	Thermo Label	PPM	Sanitizer Name	Sanitizer Type
dish machine			100		chlorine

**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>
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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

**Diana Hobson**

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