



Retail Food Establishment Inspection Report

Establishment Information	
Facility Name FOX HOLLOW BANQUET CATERING HALL	Facility Type Restaurant
Facility ID # HSAT-7QWATC	Facility Telephone # 608 786-3020
Facility Address W4151 COUNTY ROAD O LA CROSSE , WI 54601	
Licensee Name CLEMENTS FAMILY INC	Licensee Address N3287 COUNTY ROAD OA LA CROSSE , WI 54601-2725

Inspection Information		
Inspection Type Routine	Inspection Date February 27, 2019	Total Time Spent

Equipment Temperatures	
Description La Crosse	Temperature (Fahrenheit) 37
Walk in cooler	37
Walk in cooler	38
walk in freezer	F

Warewashing Info					
Machine Name	Sanitization Method	Thermo Label	PPM	Sanitizer Name	Sanitizer Type
Low temp machine	Chemical		100		chlorine
Bar sink	Chemical		NSU		QA
3 comp sink - kitchen	Chemical		NSU		QA

Certified Manager		
Name SANDRA L SPRAIN	Certificate # DOGD-9KN9NR	Certificate Expiration 8/3/2019

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.

Observed Violations

Total # 2

Good Retail Practices - 37 - Contamination prevented during food preparation, storage and display

This is a core item

OBSERVATION: The shelving in the walk in cooler needs to be raised. it is about 2 inches off the floor.

CORRECTIVE ACTION(S): Store all food items 6 inches above the floor. Correct By: 27-Feb-2019

CODE CITATION: 3-305.11 (A) Except as specified in ¶¶ (B) and (C) of this section, FOOD shall be protected from contamination by storing the FOOD: (3) At least 15 cm (6 inches) above the floor.

Risk/Intervention - 08 - Adequate handwashing facilities supplied and accessible

This is a priority foundation item

OBSERVATION: Soap not available at food employee handwashing sink. Batteries?

CORRECTIVE ACTION(S): Provide hand soap at handwashing sink to facilitate proper handwashing. Correct By: 27-Feb-2019

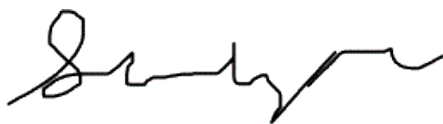
CODE CITATION: 6-301.11 Each HANDWASHING SINK or group of 2 adjacent HANDWASHING SINKS shall be provided with a supply of hand cleaning liquid, powder, or bar soap. [Pf]

Comments:

[Discussed employee reporting symptoms of illness.](#)

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



Sandra Sprain

Sanitarian



Doug Schaefer
(608) 785-9679