



Retail Food Establishment Inspection Report

| Establishment Information | |
|--|---|
| Facility Name FREEDOM VALUE | Facility Type Small Potentially Hazardous |
| Facility ID # MWAS-ASGNUD | Facility Telephone # 847 682-1976 |
| Facility Address 823 4TH ST S LA CROSSE , WI 54601 | |
| Licensee Name JAI HANUMAN INC | Licensee Address 823 S 4TH ST LA CROSSE , WI 54601 |

| Inspection Information | | |
|-----------------------------------|-------------------------------------|------------------|
| Inspection Type Pre-inspection | Inspection Date October 25, 2017 | Total Time Spent |

| Equipment Temperatures | |
|--------------------------------|--------------------------|
| Description | Temperature (Fahrenheit) |
| reachin cooler with sandwiches | 33 |
| reach in cooler beer | 33 |
| large reach in cooler 43 | 43 |

| Food Temperatures | |
|--------------------------|--------------------------|
| Description | Temperature (Fahrenheit) |
| rollerdog hot hold | 178 |

| Warewashing Info | | | | | | |
|-------------------------|---------------------|--------------|-----|----------------|----------------|-------------|
| Machine Name | Sanitization Method | Thermo Label | PPM | Sanitizer Name | Sanitizer Type | Temperature |
| 4 compartment sink | | | NSU | 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.

| Comments: |
|--|
| <p>Need to implement a time as a public heath control plan for the sandwiches Rubbermade containers for thawing the rollerdogs needs to be replaced with an food safe material install handwash signs for bathrooms replace the missing backflow preventer on the mop sink clean ice machine air gap need probe thermometer to test hot hold food items lightshield required for the ice machine room lights need chlorine test strips routine inspection after 30 days.</p> |

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



rajesh lakhani

Sanitarian



Aron Newberry
(608) 785-9730