

INSPECTION REPORT

LA CROSSE COUNTY HEALTH DEPARTMENT

300 4TH STREET NORTH

LA CROSSE, WI 54601-3228

Phone: (608) 785-9771

FAX: (608) 793-6565

DATE OF INSPECTION: 10/14/13

Seating Capacity: _____

www.co.la-crosse.wi.us/health/environmental/index.htm

H & R ID # _____
 AG ID # _____
 TAVERN COUNTY ID # Indoor Food

Name of Establishment: General Nutrition Center 2569 Phone Number: 781-6955
 Street Address/City: 9348 State Rd 16 ONA/ASHA WIS 54680 Hours of Operation: _____
 Name of Licensee: General Nutrition Corp Manager: Steve Bloom
 Licensee Address/City: 350 6th Ave Retail operations Pittsburg PA 15222 Certification #: _____ Expires: _____

- Permit Displayed Routine Pre 1st Re *2nd Re Complaint Well Septic

*Additional re-inspections will result in a \$60 fee per 11.51, La Crosse County Code and/or legal action or loss of license.

RISK FACTOR VIOLATIONS (Critical)	GOOD RETAIL PRACTICE VIOLATIONS
1. Demonstration of Knowledge, PIC duties	15. Personal Cleanliness
2. Employee Health	16. Food Honestly Presented, Labeled, Distressed Products, Shellfish ID
3. Consumer Advisory Disclosure, Warning	17. Plant Food Cooked for Hot Holding
4. Food From Approved Source	18. Protection for Contamination. Food Shields
5.1 Inadequate Cooking	19. Equipment to Control Product Temperature
5.2 Reheating	20. Proper Thawing
5.3 Cooling	21. Food Dispensing Utensils
5.4 Cold and Hot Holding	22-24. Food Equipment, Warewashing
5.5 Date Marking and Discarding	25. Wiping Cloths, Gloves
5.6 Time as Control	26-27. Clean Utensils, Single Service Utensils
6. Highly Susceptible Populations Served	28. Water, Safe Sources, Hot & Cold
7. Protection from Contamination	29-30. Plumbing: Installed, Maintained, Protection
8. Food Contact Surfaces Clean, Sanitized	31-32. Toilet Facilities
9. Proper Handwashing	33-34. Sewage, Garbage, Grease Disposal
10. Good Hygienic Practices	35-38. Physical Facility
11. Prevention of Contamination with Hands	39. Pest and Animal Control
12. Handwashing Facilities	40. Variance Required
13. Chemical, Food Additives	
14. Conformance with (HACCP)	

DESCRIPTION OF VIOLATION and CORRECTIVE ACTION REQUIRED

*No products related to indoor food at this time
 No refrigeration*

Comment: Could use soap dispenser

SB
 Signature of Licensee or Employee

[Signature]
 Signature of Sanitarian/Time: