



### Retail Food Establishment Inspection Report

<b>Establishment Information</b>	
Facility Name <b>GREAT HARVEST BREAD</b>	Facility Type <b>Restaurant</b>
Facility ID # <b>ASTS-9SLRWD</b>	Facility Telephone # <b>608 519-5450</b>
Facility Address <b>3100 KINNEY COULEE RD ONALASKA, WI 54650</b>	
Licensee Name <b>WHOLE WHEATNESS LLC</b>	Licensee Address <b>58 COPELAND AVE LA CROSSE, WI 54603</b>

<b>Inspection Information</b>		
Inspection Type <b>Routine</b>	Inspection Date <b>December 12, 2019</b>	Total Time Spent

<b>Equipment Temperatures</b>	
Description <b>Refrigeration</b>	Temperature (Fahrenheit)

**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

**jennifer williamson**

Sanitarian

**Amanda Ramos**  
**(608) 785-9771**