



Retail Food Establishment Inspection Report

<b>Establishment Information</b>	
Facility Name <b>ICED COLD REFRESHMENTS</b>	Facility Type <b>Mobile Service Base</b>
Facility ID # <b>MWAS-AR4LTQ</b>	Facility Telephone # <b>608 807-2162</b>
Facility Address <b>1026 GOHRES ST LA CROSSE , WI 54603</b>	
Licensee Name <b>WACHA YANG</b>	Licensee Address <b>1026 GOHRES ST LA CROSSE , WI 54603</b>

<b>Inspection Information</b>		
Inspection Type <b>Routine</b>	Inspection Date <b>June 24, 2019</b>	Total Time Spent

<b>Equipment Temperatures</b>	
Description <b>reach-in cooler chest freezer</b>	Temperature (Fahrenheit) <b>36 -8</b>

**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>
<a href="#">Contact Sam (785-9732) with questions.</a>

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

**Kaying Xiong**

**Samuel Welch  
(608) 785-9732**