



Retail Food Establishment Inspection Report

<b>Establishment Information</b>	
Facility Name <b>KRAZY L</b>	Facility Type <b>Restaurant</b>
Facility ID # <b>HSAT-7QX99Q</b>	Facility Telephone # <b>608 784-6760</b>
Facility Address <b>518 HAGAR ST LA CROSSE , WI 54603</b>	
Licensee Name <b>LUCAS &amp; MOONEY INC</b>	Licensee Address <b>518 HAGAR ST LA CROSSE , WI 54603</b>

<b>Inspection Information</b>		
Inspection Type <b>Routine</b>	Inspection Date <b>April 25, 2019</b>	Total Time Spent

<b>Equipment Temperatures</b>	
Description <b>walk in cooler</b>	Temperature (Fahrenheit) <b>42</b>

<b>Warewashing Info</b>					
Machine Name	Sanitization Method	Thermo Label	PPM	Sanitizer Name	Sanitizer Type
4C sink	chemical		nsu		QA

**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>

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

**Randy Hewines**

**Doug Schaefer**  
**(608) 785-9679**