



Retail Food Establishment Inspection Report

Establishment Information	
Facility Name KWIK TRIP # 822	Facility Type Large Potentially Hazardous
Facility ID # ASTS-8S5TCG	Facility Telephone # 608 783-5440
Facility Address 950 N 2ND AVE ONALASKA , WI 54650	
Licensee Name KWIK TRIP, INC.	Licensee Address PO BOX 2107 LA CROSSE , WI 54602

Inspection Information		
Inspection Type Routine	Inspection Date February 19, 2019	Total Time Spent

Equipment Temperatures	
Description	Temperature (Fahrenheit)
Walk in Freezer	F
Walk in cooler	37
Zero Zone freezer	F
Bunkers	28/30/28
Zerio Zone	31
True	38
True	40
Blue Air	40
Walk in freezer	f
True	32

Food Temperatures	
Description	Temperature (Fahrenheit)
hot holding	142, 167, 162, 161

Warewashing Info					
Machine Name	Sanitization Method	Thermo Label	PPM	Sanitizer Name	Sanitizer Type
3 compartment sink	chemical		350		QA

Certified Manager		
Name TRAVIS M SOLAND	Certificate # DOGD-9D6QVT	Certificate Expiration 1/12/2019

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.

Observed Violations

Total # 1

Good Retail Practices - 35 - Food properly labeled original container

This is a core item

OBSERVATION: Packaged foods in hot spot are not labeled.

CORRECTIVE ACTION(S): Packaged foods shall be labeled as required by law. Correct By: 19-Feb-2019

CODE CITATION: 3-602.11 (A) FOOD PACKAGED in a FOOD ESTABLISHMENT, shall be labeled as specified in LAW, including 21 CFR 101 — Food labeling, and 9 CFR 317 — Labeling, marking devices, and containers.

Comments:

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



greg bennett

Sanitarian



Doug Schaefer
(608) 785-9679