



Retail Food Establishment Inspection Report

<b>Establishment Information</b>	
Facility Name KWIK TRIP #850	Facility Type Small Potentially Hazardous
Facility ID # ASTS-8S6NNS	Facility Telephone # 608 793-6161
Facility Address 1626 OAK ST LA CROSSE , WI 54603	
Licensee Name KWIK TRIP, INC.	Licensee Address PO BOX 2107 LA CROSSE , WI 54602

<b>Inspection Information</b>		
Inspection Type Routine	Inspection Date May 6, 2019	Total Time Spent

<b>Equipment Temperatures</b>	
Description	Temperature (Fahrenheit)
True	38
True	37
True	38
True	37
True freezer	F
Bunker	32/38/40

<b>Food Temperatures</b>	
Description	Temperature (Fahrenheit)
Hot holding	147/150/146
Soup	147/150

<b>Warewashing Info</b>					
Machine Name	Sanitization Method	Thermo Label	PPM	Sanitizer Name	Sanitizer Type
3 compartment sink	chemical		NSU		QA

<b>Certified Manager</b>		
Name TERRI S HALE	Certificate # CJEY-9QLQYW	Certificate Expiration 9/26/2019

**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.

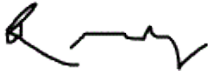
<b>Comments:</b>
<a href="#">Laura Schmitz ServSafe 12/2023</a> <a href="#">Discussed employee training on symptoms of illness reporting.</a>

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



**Linda Reedy**



Sanitarian



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