



Retail Food Establishment Inspection Report

<b>Establishment Information</b>	
Facility Name <b>M &amp; K CONCESSIONS - PREPACKAGED</b>	Facility Type <b>Mobile Service Base</b>
Facility ID # <b>ASTS-8PRSQC</b>	Facility Telephone # <b>608 782-3392</b>
Facility Address <b>909 WEST AVE S LA CROSSE , WI 54601-4745</b>	
Licensee Name <b>VUE, MAI KHOU L</b>	Licensee Address <b>909 W AVE ST LA CROSSE , WI 54601-4745</b>

<b>Inspection Information</b>		
Inspection Type <b>Routine</b>	Inspection Date <b>September 8, 2017</b>	Total Time Spent

<b>Equipment Temperatures</b>	
Description <b>chest freezer</b>	Temperature (Fahrenheit) <b>-4</b>

<b>Certified Manager</b>		
Name <b>YING VUE</b>	Certificate # <b>DOGD-93JAZC</b>	Certificate Expiration <b>03/30/2018</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. Mark the personal freezers and all personal food as personal and keep separate from food to be served to the public.</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

**Mai Vue**

Sanitarian

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