



Retail Food Establishment Inspection Report

| Establishment Information | |
|---|---|
| Facility Name NOFSINGER, TONIA | Facility Type Mobile Service Base |
| Facility ID # ASTS-8U3SGG | Facility Telephone # 608 780-5317 |
| Facility Address W3204 COUNTY RD M LA CROSSE , WI 54601 | |
| Licensee Name NOFSINGER, TONIA | Licensee Address W3204 COUNTY RD M LA CROSSE , WI 54601 |

| Inspection Information | | |
|-----------------------------------|---|------------------|
| Inspection Type Routine | Inspection Date June 21, 2018 | Total Time Spent |

| Equipment Temperatures | |
|---|---|
| Description Chest Freezer 1 Chest Freezer 2 | Temperature (Fahrenheit) -1 9 |

| Certified Manager | | |
|----------------------------------|-------------------------------------|--|
| Name TONIA L NOFSINGER | Certificate # DOGD-9U7BZ9 | Certificate Expiration 5/13/2020 |

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.

| Comments: |
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| No violations noted at inspection. Contact Sam (785-9732) with questions. No food processing or utensil washing at base, food storage and 2 chest freezers only. |

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

Tonia Nofsinger

Sanitarian

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