



Retail Food Establishment Inspection Report

<b>Establishment Information</b>	
Facility Name <b>NORTHSIDE AQUATICS CENTER</b>	Facility Type <b>Very Small Non Potentially Hazardous</b>
Facility ID # <b>MWAS-ANZMFM</b>	Facility Telephone # <b>608 789-8640</b>
Facility Address <b>816 SILL LA CROSSE , WI 54603</b>	
Licensee Name <b>CITY OF LA CROSSE PARKS &amp; REC</b>	Licensee Address <b>400 LA CROSSE ST LA CROSSE , WI 54601</b>

<b>Inspection Information</b>		
Inspection Type <b>Routine</b>	Inspection Date <b>August 9, 2018</b>	Total Time Spent

<b>Equipment Temperatures</b>	
Description <b>deef freezer</b>	Temperature (Fahrenheit) <b>5</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.

**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

Sanitarian

**Kerry Gloede**

**Aron Newberry**  
**(608) 785-9730**