



Retail Food Establishment Inspection Report

| Establishment Information | |
|---|--|
| Facility Name PIZZA HUT | Facility Type Restaurant |
| Facility ID # MWAS-AU7ND5 | Facility Telephone # 972 540-5554 |
| Facility Address 4258 MORMON COULEE RD LA CROSSE , WI 54601 | |
| Licensee Name EAGLE BLUFF PIZZA PARTNERS, LLC | Licensee Address 2785 VIRGINIA PKWY MCKINNEY , TX 75071 |

| Inspection Information | | |
|-------------------------------|-------------------------------------|------------------|
| Inspection Type Routine | Inspection Date January 19, 2018 | Total Time Spent |

| Equipment Temperatures | |
|-------------------------------|--------------------------|
| Description | Temperature (Fahrenheit) |
| Walk in cooler | 38 |
| prep salad cooler | 42 |
| wing reach in cooler | 38 |
| large preptop | 33 |
| large prep bottom | 33 |

| Food Temperatures | |
|--------------------------|--------------------------|
| Description | Temperature (Fahrenheit) |
| cold hold diced tomato | 38 |

| Warewashing Info | | | | | |
|-------------------------|---------------------|--------------|-------|----------------|----------------|
| Machine Name | Sanitization Method | Thermo Label | PPM | Sanitizer Name | Sanitizer Type |
| dish machine | | | 100 | chlorine | |
| wiping buckets | | | 50,50 | chlorine | |

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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| Menu review and risk assessment conducted. |

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

Reyna Gallegos

Aron Newberry
(608) 785-9730