



Retail Food Establishment Inspection Report

Establishment Information	
Facility Name PREMIER FITNESS & WELLNESS	Facility Type Very Small Potentially Hazardous
Facility ID # ASTS-9UHSMM	Facility Telephone # 608 793-300
Facility Address 901 STATE ST STE 105 LA CROSSE , WI 54601	
Licensee Name PREMIER FITNESS & WELLNESS OF LA CROSSE	Licensee Address 901 STATE ST STE 105 LA CROSSE , WI 54601

Inspection Information		
Inspection Type Routine	Inspection Date May 8, 2019	Total Time Spent

Equipment Temperatures	
Description Refrigeration (UnderCounter) Turbo Air Chest Freezer: Master Bilt	Temperature (Fahrenheit) 38 FN

Warewashing Info					
Machine Name	Sanitization Method	Thermo Label	PPM	Sanitizer Name	Sanitizer Type
3 compartment sink	chemical		100		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:
Discussed employee health, AR will send employee reporting agreement

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

Sally Johnson

**Amanda Ramos
(608) 785-9771**