



Retail Food Establishment Inspection Report

Establishment Information	
Facility Name SUBWAY #27218 - CIRCLE DR	Facility Type Restaurant
Facility ID # HSAT-7QX98N	Facility Telephone # 608 783-1444
Facility Address 3920 CIRCLE DR HOLMEN , WI 54636	
Licensee Name ROTTINGHAUS CO INC	Licensee Address BLOYER KIM P O 356 ONALASKA , WI 54650

Inspection Information		
Inspection Type Routine	Inspection Date June 12, 2019	Total Time Spent

Equipment Temperatures	
Description	Temperature (Fahrenheit)
prep left	33
prep right	38
reach in	41
walk in	38
walk in freezer	f
True	41

Food Temperatures	
Description	Temperature (Fahrenheit)
hot hold meat balls	162
hot hold chicken	135

Warewashing Info					
Machine Name	Sanitization Method	Thermo Label	PPM	Sanitizer Name	Sanitizer Type
4C wiping cloth	chemical		350		QA

Certified Manager		
Name JESSICA K.M. SHAFER	Certificate # KESG-9T6Q66	Certificate Expiration 8/5/2019

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



jessica shafer



Doug Schaefer
(608) 785-9679