



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 5, 2018	Total Time Spent

Equipment Temperatures	
Description	Temperature (Fahrenheit)
prep left	33
prep right	41
Norlake	38
reach in	36
walk in	33

Food Temperatures	
Description	Temperature (Fahrenheit)
meat balls hot hold	138

Warewashing Info					
Machine Name	Sanitization Method	Thermo Label	PPM	Sanitizer Name	Sanitizer Type
4C	chemical		350		QA
wiping cloth			250		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:

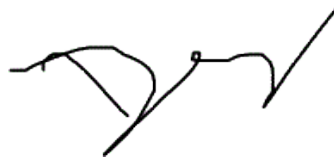
Any operator aggrieved by an order of this department under this chapter may request a hearing as provided in ch.227 statute, if state licensed, or a local ordinance if licensed by an agent health department.

Person in Charge



jessica shafer

Sanitarian



Doug Schaefer
(608) 785-9679