



Retail Food Establishment Inspection Report

Establishment Information	
Facility Name SUBWAY #58349	Facility Type Restaurant
Facility ID # ASTS-93RNPC	Facility Telephone # 608 786-3036
Facility Address 83 BUOL RD WEST SALEM , WI 54669	
Licensee Name ROTTINGHAUS CO INC	Licensee Address PO BOX 356 ONALASKA , WI 54650

Inspection Information		
Inspection Type Routine	Inspection Date November 25, 2019	Total Time Spent

Equipment Temperatures	
Description	Temperature (Fahrenheit)
walk-in cooler	33
walk-in freezer	FN
reach-in cooler	39
prep top cooler	41

Food Temperatures	
Description	Temperature (Fahrenheit)
Sliced tomato, CH prep top	41
Onion, CH prep top	34
Pickles, CH prep top	39
Cucumber, CH prep top	42
Turkey, CH prep top	41
Meatballs, HH	176

Warewashing Info					
Machine Name	Sanitization Method	Thermo Label	PPM	Sanitizer Name	Sanitizer Type
3 compartment sink	chemical		400		QA
spray bottle	chemical				
san bucket	chemical		300		QA

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:

[CFM: Nathaniel Govier 6/10/21](#)

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



Nathaniel Govier



Amanda Ramos
(608) 785-9771