



Retail Food Establishment Inspection Report

Establishment Information	
Facility Name SUBWAY #6899	Facility Type Restaurant
Facility ID # HSAT-7QX8GY	Facility Telephone # 608 787-0000
Facility Address 2400 STATE RD LA CROSSE , WI 54601	
Licensee Name ROTTINGHAUS CO INC	Licensee Address PO BOX 356 ONALASKA , WI 54650

Inspection Information		
Inspection Type Routine	Inspection Date August 27, 2018	Total Time Spent

Equipment Temperatures	
Description	Temperature (Fahrenheit)
walk-in cooler	38
prep top	40
reach-in coolers	39
Soda cooler	41

Food Temperatures	
Description	Temperature (Fahrenheit)
cold hold sliced tomato	40
hot hold meatballs	138

Warewashing Info					
Machine Name	Sanitization Method	Thermo Label	PPM	Sanitizer Name	Sanitizer Type
4 compartment sink	chemical		300	quaternary	
wiping bucket	chemical		300	ammonium	
				quaternary	
				ammonium	

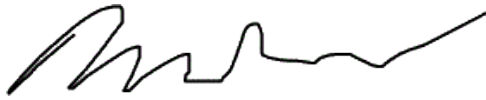
OPERATOR - The violations in operating procedure or physical arrangement indicated below must be corrected by the next routine inspection or by a date specified in this report.

Comments:
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



marissa kohlmeier



Aron Newberry
(608) 785-9730