



Retail Food Establishment Inspection Report

Establishment Information	
Facility Name SUBWAY - HOLMEN DR	Facility Type Restaurant
Facility ID # HSAT-7QWSEF	Facility Telephone # 608 526-2610
Facility Address 618 N HOLMEN DR HOLMEN , WI 54636	
Licensee Name ROTTINGHAUS COMAPNY INC	Licensee Address PO BOX 356 ONALASKA , WI 54650

Inspection Information		
Inspection Type Routine	Inspection Date January 17, 2020	Total Time Spent

Equipment Temperatures	
Description	Temperature (Fahrenheit)
prep left	40
prep right	40
Duke	39
walk in	40

Food Temperatures	
Description	Temperature (Fahrenheit)
Turkey	40
tomatos	40

Warewashing Info					
Machine Name	Sanitization Method	Thermo Label	PPM	Sanitizer Name	Sanitizer Type
4 compartment sink	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:
Elizabeth Kirst ServSafe certified, expires 2024.

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

Elizabeth Kirst

Doug Schaefer
(608) 785-9679