



Retail Food Establishment Inspection Report

<b>Establishment Information</b>	
Facility Name <b>SUMMER'S DELIGHTS, LLC</b>	Facility Type <b>Mobile Service Base</b>
Facility ID # <b>MWAS-AMALNK</b>	Facility Telephone # <b>608 220-4707</b>
Facility Address <b>2119 S 14TH ST LA CROSSE , WI 54601</b>	
Licensee Name <b>MEGAN CONN</b>	Licensee Address <b>2119 S 14TH ST LA CROSSE , WI 54601</b>

<b>Inspection Information</b>		
Inspection Type <b>Routine</b>	Inspection Date <b>May 11, 2017</b>	Total Time Spent

<b>Food Temperatures</b>	
Description <b>Deep Freezer</b>	Temperature (Fahrenheit) <b>17</b>

**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.

<b>Comments:</b>
<p>Required to store the mobile food cart insid of the base, protecting it from the elements.                      Maintain a food temperature chart upon arrival back at the base if returning product to the base freezer. Any adulterated product shall be discarded.                      Owner was present for the inspection but the report was filed after the on-site inspection at the Health Dept.</p>

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

**Megan Conn**

Sanitarian

**Aron Newberry  
(608) 785-9730**