



### Retail Food Establishment Inspection Report

<b>Establishment Information</b>	
Facility Name <b>TACO BELL #5037</b>	Facility Type <b>Restaurant</b>
Facility ID # <b>HSAT-7QXNKY</b>	Facility Telephone # <b>608 783-3337</b>
Facility Address <b>1243 CROSSING MEADOWS DR ONALASKA , WI 54650</b>	
Licensee Name <b>GREAT WEST HOSPITALITY INC</b>	Licensee Address <b>7570 AVON , CO 81620</b>

<b>Inspection Information</b>		
Inspection Type <b>Routine</b>	Inspection Date <b>December 10, 2019</b>	Total Time Spent

<b>Equipment Temperatures</b>	
Description	Temperature (Fahrenheit)
Walk in cooler	41
Walk in freezer	F
Reach in cooler below prep area	38
Fryer Freezer	F
Stand up freezer	F
HH unit	152

<b>Food Temperatures</b>	
Description	Temperature (Fahrenheit)
make table cheese	41
HH Beans	151
HH beef	164

<b>Warewashing Info</b>					
Machine Name	Sanitization Method	Thermo Label	PPM	Sanitizer Name	Sanitizer Type
4 comp sink	Chemical		NSU		QA
Wiping 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:**

[Daryl is ServSafe certified exp 12/2020.](#)

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



**Daryl Sumlar**



**Doug Schaefer**  
**(608) 785-9679**