



Retail Food Establishment Inspection Report

<b>Establishment Information</b>	
Facility Name <b>TRACK II</b>	Facility Type <b>Restaurant</b>
Facility ID # <b>MWAS-B9ZS29</b>	Facility Telephone # <b>608 519-1940</b>
Facility Address <b>716 GILLETTE ST LA CROSSE , WI 54601</b>	
Licensee Name <b>TRACK II, LLC</b>	Licensee Address <b>1052 OAK FOREST DR ONALASKA , WI 54650</b>

<b>Inspection Information</b>		
Inspection Type <b>Routine</b>	Inspection Date <b>May 17, 2019</b>	Total Time Spent

<b>Equipment Temperatures</b>	
Description <b>walk in cooler</b>	Temperature (Fahrenheit) <b>33</b>
<b>Reach in</b>	<b>39</b>

<b>Warewashing Info</b>					
Machine Name	Sanitization Method	Thermo Label	PPM	Sanitizer Name	Sanitizer Type
4 C sink	chemical		nsu		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.

<b>Comments:</b>
<a href="#">Cathy CFM expires 2020</a>

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

**cathy**

Sanitarian

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