



Retail Food Establishment Inspection Report

Establishment Information	
Facility Name WEST SALEM PHARMACY	Facility Type Very Small Non Potentially Hazardous
Facility ID # ASTS-9M4SLW	Facility Telephone # 608 786-0210
Facility Address 880 N MILL ST WEST SALEM , WI 54669	
Licensee Name WEST SALEM PHARMACY LLC	Licensee Address PO BOX 185 WEST SALEM , WI 54669

Inspection Information		
Inspection Type Routine	Inspection Date January 30, 2020	Total Time Spent

Equipment Temperatures	
Description reach-in cooler	Temperature (Fahrenheit) 38
reach-in freezer	Out of service

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:
No violations

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

Cassandra Beaston

Amanda Ramos
(608) 785-9771