



Retail Food Establishment Inspection Report

Establishment Information	
Facility Name KWIK TRIP, INC	Facility Type Large Potentially Hazardous
Facility ID # ASPR-AMGL6C	Facility Telephone # 715 358-3428
Facility Address 11085 HWY 70 E ARBOR VITAE, WI 54568	
Licensee Name KWIK TRIP, INC	Licensee Address PO BOX 2107 LA CROSSE, WI 54602

Inspection Information		
Inspection Type Routine	Inspection Date May 23, 2017	Total Time Spent

Equipment Temperatures	
Description	Temperature (Fahrenheit)
True cooler	37
True cooler	37
Walk-in cooler - back storage	27
Kitchen walk-in cooler	37

Food Temperatures	
Description	Temperature (Fahrenheit)
Creamer	36
Sausage pizza - hot hold	140.5
Angus burgers - hot hold	134 , 138

Warewashing Info						
Machine Name	Sanitization Method	Thermo Label	PPM	Sanitizer Name	Sanitizer Type	Temperature
.	3 compartment sink		200	P & G	Quat	

Certified Manager		
Name KIMBERLY A DREWEK	Certificate # CJEY-A9UQVG	Certificate Expiration 3/11/2021

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.

Observed Violations
Total # 1
Risk/Intervention - 1A - Certified food manager: duties This is a core item OBSERVATION: Certified food manager certificate is not posted in public view. CORRECTIVE ACTION(S): Provide & post an original State of Wisconsin, 360/Learn2Serve, Food Safety Professionals, Prometric, ServSave or recertification for small operators food manager's certificate. CODE CITATION: 12-201.11(C) A FOOD ESTABLISHMENT shall post a certificate issued by the DEPARTMENT under this section in a conspicuous place on the premises of the FOOD ESTABLISHMENT.

Comments:

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



Amy Springer