**DEPARTMENT OF HEALTH & FAMILY SERVICES**
Division of Public Health
DPH 45029 (04/06)

**STATE OF WISCONSIN**
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# SCHOOL FOOD SAFETY PROGRAM INSPECTION REPORT

| School Name<br>Mount Horeb High School | School Address<br>305 S Eighth St, Mt Horeb | County<br>Dane | ID Number<br>LICSCD-2010-00100 |
|---|---|---|---|

| Person In Charge<br>Daniel Schettler | Contact Person<br>Michelle Denk | | Telephone Number<br>608-807-8845 |
|---|---|---|---|

| Current Date<br>2/15/23 | School District<br>Mount Horeb | Is operator certified?<br>☑ Yes ☐ No ☐ N/A | Name of Certified Operator<br>DanSchettler, exp. 10-7-24 |
|---|---|---|---|

**Inspection Type (check one)**
☑ Second Inspection ☐ Complaint ☐ Visit / No Action
☐ Onsite Visit ☐ Other

**Action Taken (check one)**
☐ License Suspended ■ Operational ☐ Conditional
☐ Withhold ☐ Revoke ☐ Other

**Is the Food Safety Plan onsite?**
Yes ■    No ☐

**Plan last reviewed by Food Service Authority**
Date: 04/27/22

## FOOD SAFETY PROGRAM

Food Service Authority Description

| Facility type(s)<br>Yes ☑ No ☐ Production | Employee Information<br>Yes ☑ No ☐ | Types of equipment:<br>Yes ☑ No ☐ |
|---|---|---|

## WRITTEN STANDARD OPERATING PROCEDURE (SOP) (Review three

| SOP Components | SOP Name<br>#9, Receiving Deliveries | SOP Name<br>#25, Cooling | SOP Name<br>#23, Cooking |
|---|---|---|---|
| **Policy and Procedure<br>(may include critical limits)** | Yes ☑ No ☐ | Yes ☑ No ☐ | Yes ☑ No ☐ |
| **Monitoring Instructions** | Yes ☑ No ☐ | Yes ☑ No ☐ | Yes ☑ No ☐ |
| **Recording Instructions** | Yes ☑ No ☐ | Yes ☑ No ☐ | Yes ☑ No ☐ |
| **Corrective Action Procedures** | Yes ☑ No ☐ | Yes ☑ No ☐ | Yes ☑ No ☐ |

**Written Plan using HACCP principles**    Yes ■ No ☐

| Menu items categorized by process | Process 1 – No Cook | Yes ☑ No ☐ |
|---|---|---|
| | Process 2 – Same Day Service | Yes ☑ No ☐ |
| | Process 3 – Complex Food Preparation | Yes ☑ No ☐ |
| Each Process Identifies | Critical Control Points (CCP's) | Yes ☑ No ☐ |
| | Critical Limits Established | Yes ☑ No ☐ |

## RECORDS REVIEW

Record three random dates within the last inspection period; give an overall review for each of the categories. "Yes" if in compliance, "No" if not in compliance, note in comments.

| Date: 01/05/23 | Date: 01/25/23 | Date: 02/01/23 | |
|---|---|---|---|
| **Temperatures Monitored and Recorded** | | Yes ☑ No ☐ | Comments: |
| **Temperature Record Accurate and Consistent** | | Yes ☑ No ☐ | |
| **Corrective Actions Documented** | | Yes ☑ No ☐ | |
| **Is an employee food safety-training program in place?** | | Yes ☑ No ☐ | |

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# INSPECTION NARRATIVE:

**Facility Name**                                                                 **Date**

I understand and agree to comply with the corrections ordered on this report.  Correct violations by the next inspection or within the period specified in the report.

_____          2/15/23
**SIGNATURE** –Person-in-charge                                              Date Signed

_____          2/15/23
**SIGNATURE** - Health Inspector                                            Date Signed