

## SCHOOL FOOD SAFETY PROGRAM INSPECTION REPORT

School Name Mount Horeb Middle School		School Address 900 E Garfield St, Mt Horeb		County Dane	ID Number LICSCD-2010-00102
Person In Charge Chloe Ambrose		Contact Person Michelle Denk		Telephone Number 608-807-8845	
Current Date 2/15/23	School District Mount Horeb	Is operator certified? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		Name of Certified Operator Unable to locate	
Inspection Type (check one) <input checked="" type="checkbox"/> Second Inspection <input type="checkbox"/> Complaint <input type="checkbox"/> Visit / No Action <input type="checkbox"/> Onsite Visit <input type="checkbox"/> Other		Action Taken (check one) <input type="checkbox"/> License Suspended <input checked="" type="checkbox"/> Operational <input type="checkbox"/> Conditional <input type="checkbox"/> Withhold <input type="checkbox"/> Revoke <input type="checkbox"/> Other			
Is the Food Safety Plan onsite? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Plan last reviewed by Food Service Authority Date: 04/27/22			

### FOOD SAFETY PROGRAM

Food Service Authority Description		
Facility type(s) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Production	Employee Information Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Types of equipment: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

SOP Components	SOP Name #26, Reheating	SOP Name #21, Cleaning and Sanitizing	SOP Name #25, Cooling
<b>Policy and Procedure (may include critical limits)</b>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<b>Monitoring Instructions</b>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<b>Recording Instructions</b>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<b>Corrective Action Procedures</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

### Written Plan using HACCP principles Yes No

Menu items categorized by process	Process 1 – No Cook	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Process 2 – Same Day Service	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Process 3 – Complex Food Preparation	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Each Process Identifies	Critical Control Points (CCP's)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Critical Limits Established	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

### 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: 01/10/23	Date: 01/20/23	Date: 02/06/23
Temperatures Monitored and Recorded	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Comments:
Temperature Record Accurate and Consistent	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Corrective Actions Documented	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Is an employee food safety-training program in place?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

**INSPECTION NARRATIVE:**

**Facility Name** Mt Horeb Middle School

**Date** 02/15/23

For SOP #26, Reheating, in the corrective actions section should clearly state that food must be discarded if reheating process takes more than 2 hours.

For SOP #21, Cleaning and Sanitizing, monitoring and recording of chemical sanitizer used is not included. Update SOP to include testing of chemical solution via sanitizer test strips and record on log sheet. Recommend testing at same frequency as dish machine.

No proof of a certified food manager certificate available on site. Keep a copy of a current certificate on site.

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.



**SIGNATURE** -Person-in-charge

2/15/23

Date Signed



**SIGNATURE** - Health Inspector

2/15/23

Date Signed