



Foodservice Establishment Inspection Report

<b>Establishment Information</b>	
Facility Name <b>CENTRAL HIGH SCHOOL</b>	Facility Type <b>DPI School</b>
Facility ID # <b>HSAT-7QX73G</b>	Facility Telephone # <b>608 789-7934</b>
Facility Address <b>1801 LOSEY BLVD S LA CROSSE , WI 54601</b>	
Licensee Name <b>SCHOOL DISTRICT OF LA CROSSE</b>	Licensee Address <b>807 EAST AVENUE SOUTH LA CROSSE , WI 54601</b>

<b>Inspection Information</b>		
Inspection Type <b>Routine</b>	Inspection Date <b>10/28/2015</b>	Total Time Spent

<b>Equipment Temperatures</b>	
Description	Temperature (Fahrenheit)
walk-in cooler	39.5
walk-in freezer	9.5
walk-in milk cooler	33
reach-in coolers (4)	36,41,39.5, 32
bunker freezer	11

<b>Food Temperatures</b>	
Description	Temperature (Fahrenheit)
Corn dog	197
Calzone	195
Broccoli	167
Pizza	200
Hot hold chicken nuggets	157
Cold hold soft serve	37.5
cold hold barbeque sauce	37.5

<b>Warewashing Info</b>					
Machine Name	Sanitization Method	Thermo Label	PPM	Sanitizer Name	Sanitizer Type
dish machine	high temperature chemical	Passed	150,50,200	Chlorine	
wiping bucket 3					

**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**

**Good Retail Practices - 42 - Utensils, equipment and linens: properly stored, dried and handled**

This is a core item

**OBSERVATION:** Clean utensils are being stored or stacked without being air-dried.

**CORRECTIVE ACTION(S):** Air dry all clean utensils before storage and before contact with food. Correct By: 01-Mar-2016

**CODE CITATION:** 4-901.11 After cleaning and SANITIZING, EQUIPMENT and UTENSILS:

(A) Shall be air-dried or used after adequate draining as specified in the first paragraph of 40 CFR 180.940 — Tolerance exemptions for active and inert ingredients for use in antimicrobial formulations (food-contact surface sanitizing solutions), before contact with FOOD; and

(B) May not be cloth dried except that UTENSILS that have been air-dried may be polished with cloths that are maintained clean and dry.

**Comments**

[Menu review and risk assessment conducted.](#)

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

  
jeannette Wuensch

Sanitarian

  
Aron Newberry  
(608) 785-9730



DPI School Inspection Report

<b>Inspection Information</b>			
School Name <b>CENTRAL HIGH SCHOOL</b>	1801 LOSEY BLVD S LA CROSSE , WI 54601	HSAT-7QX73G	Sanitarian Aron Newberry
Person In Charge <b>Jeannette Wuensch</b>	Contact Person <b>Jeannette Wuensch</b>	Telephone # <b>(608 )-789-3016</b>	Inspection Date (Current Date) <b>03/22/2016</b>
School District <b>School</b>	Operator Certified <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Name Of Operator <b>Jeannette Wuensch</b>	Inspection Type <b>Second Inspection</b>
Food Safety Plan Onsite <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Plan Last Reviewed By Food Service Authority <b>02/04/2015</b>		

<b>Smoking</b>
Smoking Not Observed

<b>Food Safety Program</b>	<b>Employee Information</b>	<b>Types Of Equipment</b>
Food Service Authority Description Facility Type <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

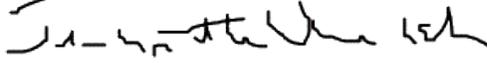
<b>Written Standard Operating Procedure (SOP) - (Review Three)</b>	<b>SOP Name</b>	<b>SOP Name</b>	<b>SOP Name</b>
SOP Components	Cleaning and Sanitizing Equipment and all food contact surfaces	Foodbourne Illness/ Incident Complaint	Handling Leftovers
(Policy and Procedure May Include Critical Limits)	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Monitoring Instructions	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Recording Instructions	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Corrective Action Procedures	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

<b>Written Plan Using HACCP Principles</b>	<b>Process</b>	<b>Comments</b>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Menu Items Categorized by Process	Process 1 - No Cook <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
	Process 2 - Same Day Service <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
	Process 3- Complex Food Preparation <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
Each Process Identifies	Critical Control Points (CCP's) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
	Critical Limits Established <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	

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

<b>Records Review</b>	<b>Date</b>	<b>Date</b>	<b>Date</b>
	11/06/2015	09/14/2015	10/23/2015
Temperatures monitored and recorded.	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Temperature record accurate and consistent.	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Corrective actions documented.	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Employee food safety training program in place.	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
<b>Comments</b>			
<a href="#">Update and maintain current school year records in the HACCP plan.</a>			

Person in Charge



Sanitarian



**Aron Newberry**  
**(608) 785-9730**



Retail Food Establishment Inspection Report

<b>Establishment Information</b>	
Facility Name <b>CENTRAL HIGH SCHOOL</b>	Facility Type <b>DPI School</b>
Facility ID # <b>HSAT-7QX73G</b>	Facility Telephone # <b>608 789-7934</b>
Facility Address <b>1801 LOSEY BLVD S LA CROSSE , WI 54601</b>	
Licensee Name <b>SCHOOL DISTRICT OF LA CROSSE</b>	Licensee Address <b>807 EAST AVENUE SOUTH LA CROSSE , WI 54601</b>

<b>Inspection Information</b>		
Inspection Type <b>Routine</b>	Inspection Date <b>10/05/2016</b>	Total Time Spent

<b>Equipment Temperatures</b>	
Description	Temperature (Fahrenheit)
walk-in cooler	37
walk-in freezer	7
walk-in milk cooler	42.5
reach-in coolers (4)	35,36,33,40
bunker freezer	4
milk bunker	34, 43

<b>Food Temperatures</b>	
Description	Temperature (Fahrenheit)
soft serve mix cold hold	41
vegetable medley hot hold	159
sour cream on counter	47
taco pizza hot hold	133.5
pasta hot hold	150
chicken sandwich hot hold	1399
sliced pastrami cold hold	43

<b>Warewashing Info</b>						
Machine Name	Sanitization Method	Thermo Label	PPM	Sanitizer Name	Sanitizer Type	Temperature
dish machine wiping bucket 2	high temperature chemical	Passed	50	Chlorine		

<b>Certified Manager</b>		
Name <b>JEANNETTE L WUENSCH</b>	Certificate # <b>LSAK-AC8RVR</b>	Certificate Expiration <b>2/18/2021</b>

**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 - 22 - Time as a public health control: procedures and record**

This is a priority foundation item

**OBSERVATION:** No time as a public health control plan is available for review or processes were observed that indicates a food was not properly prepared before using time as a public health control. An updated Time as a Public Health Control plan is required for this facility. .

**CORRECTIVE ACTION(S):** Food items out of temperature control shall be discarded and any food improperly prepared that is considered unsafe shall be discarded. Time as a public health control shall not be used until a plan is provided and readily available for review by the regulatory authority. Correct By: 12-Oct-2016

**CODE CITATION:** 3-501.19 (A) Except as specified under ¶ (E) of this section, if time without temperature control is used as the public health control for a working supply of POTENTIALLY HAZARDOUS FOOD (TIME/TEMPERATURE CONTROL FOR SAFETY FOOD) before cooking, or for READY-TO-EAT POTENTIALLY HAZARDOUS FOOD (TIME/TEMPERATURE CONTROL FOR SAFETY FOOD) that is displayed or held for sale or service:

(1) Written procedures shall be prepared in advance, maintained in the FOOD ESTABLISHMENT and made available to the REGULATORY AUTHORITY upon request that specify: [Pf]

(a) Methods of compliance with Subparagraphs (B) (1) to (4), (C) (1) to (5), or (D)(1) to (5) of this section; [Pf] and

(b) Methods of compliance with § 3-501.14 for FOOD that is prepared, cooked, and refrigerated before time is used as a public health control. [Pf]

**Comments**

Menu review and risk assessment conducted.  
Discussed the need for additional hand wash sinks in the salad bar service line, as well as in the dish room. Also discussed the need for a designated prep sink.

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



**Jeannette Wuensch**

Sanitarian



**Aron Newberry**  
**(608) 785-9730**