



Foodservice Establishment Inspection Report

Establishment Information	
Facility Name CHRIST ST JOHNS LUTHERAN SCHOOL	Facility Type DPI School
Facility ID # HSAT-7QWBNW	Facility Telephone # 608 786-1250
Facility Address 500 PARK ST WEST SALEM , WI 54669	
Licensee Name CHRIST ST JOHNS LUTHERAN SCHOOL	Licensee Address 500 PARK ST WEST SALEM , WI 54669

Inspection Information		
Inspection Type Routine	Inspection Date 10/21/2015	Total Time Spent

Equipment Temperatures	
Description	Temperature (Fahrenheit)
reach-in coolers	39, 39
reach-in freezers	-3, -2
chest freezers	-4, -6
milk bunker	36

Food Temperatures	
Description	Temperature (Fahrenheit)
taco beef (cook/reheat)	182
corn (cook/reheat)	168

Warewashing Info					
Machine Name	Sanitization Method	Thermo Label	PPM	Sanitizer Name	Sanitizer Type
3 compartment sink	chemical	-	300	ProPower Quaternary Sanitizer	QA

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 # 0

Comments
No violations noted at inspection. Contact Sam (785-9732) with questions. Time as Public Health Control Plan discussed for salad bar items. Risk assessment and menu review conducted at inspection. Lisa & Nancy have both passed the ServSaf Food Manager Certification. I will provide applications for WI Food Manager Certification (Madison - 608-266-2835).

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



Nancy Eckelberg

Sanitarian



Samuel Welch
(608) 785-9732



DPI School Inspection Report

Inspection Information			
School Name CHRIST ST JOHNS LUTHERAN SCHOOL	500 PARK ST WEST SALEM , WI 54669	HSAT-7QWBNW	Sanitarian Samuel Welch
Person In Charge Nancy Eckelberg	Contact Person Lisa Black	Telephone # (608)-786-1250 x 110	Inspection Date (Current Date) 05/12/2016
School District Christ St. John's Lutheran School	Operator Certified <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Name Of Operator Lisa Black	Inspection Type Second Inspection
Food Safety Plan Onsite <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Plan Last Reviewed By Food Service Authority 02/19/2016		

Smoking
Smoking Not Observed

Food Safety Program	Employee Information	Types Of Equipment
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

Written Standard Operating Procedure (SOP) - (Review Three)	SOP Name	SOP Name	SOP Name
SOP Components	Cleaning and Sanitizing Food Contact Surfaces	Cooking Time/Temperature Control for Safety Food	Cooling Holding Time/Temperature Control for Safety
(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

Written Plan Using HACCP Principles	Process	Comments
<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	salad bar items, fruit, dairy, cold sandwiches, wraps
	Process 2 - Same Day Service <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	burritos, nachos, chicken products, hot vegetables, mashed potatoes, hot sandwiches, bbq, tacos
	Process 3- Complex Food Preparation <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	reheats (taco, bbq, pasta), casseroles
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.

Records Review	Date	Date	Date
	10/19/2015	12/04/2015	02/17/2016
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

Comments

Include retraining employees as part of the corrective action in SOPs. Complete the production records, with the final disposition of the food.

Person in Charge



Sanitarian



Samuel Welch
(608) 785-9732



Retail Food Establishment Inspection Report

Establishment Information	
Facility Name CHRIST ST JOHNS LUTHERAN SCHOOL	Facility Type DPI School
Facility ID # HSAT-7QWBNW	Facility Telephone # 608 786-1250
Facility Address 500 PARK ST WEST SALEM , WI 54669	
Licensee Name CHRIST ST JOHNS LUTHERAN SCHOOL	Licensee Address 500 PARK ST WEST SALEM , WI 54669

Inspection Information		
Inspection Type Routine	Inspection Date 10/20/2016	Total Time Spent

Equipment Temperatures	
Description	Temperature (Fahrenheit)
reach-in coolers	37, 39
reach-in freezers	6, 4, -8
chest freezers	-7, 2
milk bunkers	37, 38

Food Temperatures	
Description	Temperature (Fahrenheit)
vegetable medley (hold)	153
french fries (hold)	146
hamburger (hold)	150
cottage cheese (salad bar)	41
apple sauce (salad bar)	40
milk (bunker)	38

Warewashing Info						
Machine Name	Sanitization Method	Thermo Label	PPM	Sanitizer Name	Sanitizer Type	Temperature
3 compartment sink	chemical	-	300	ProPower	QA	
	chemical	-	400+	Quaternary Sanitizer	QA	
	chemical	-	400	Quaternary Sanitizer	QA	
spray bottle				ProPower		
spray bottle (corrected)				Quaternary Sanitizer		
				ProPower		
				Quaternary Sanitizer		

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 # 2

Risk/Intervention - 21 - Proper date marking and disposition

This is a priority item

OBSERVATION: (CORRECTED DURING INSPECTION): Sliced turkey (9/21), BBQ meat and sliced onions in reach-in cooler has exceeded date marks or are not provided with a date mark.

CORRECTIVE ACTION(S): Discard Ready-to-eat potentially hazardous (TCS) foods requiring date marking that have exceeded their discard date or are not date marked. Correct By: 20-Oct-2016

CODE CITATION: 3-501.18 (A) A FOOD specified under ¶ 3-501.17 (A) or (B) shall be discarded if it:

- (1) Exceeds the temperature and time combination specified in ¶ 3-501.17 (A), except time that the product is frozen; [P]
- (2) Is in a container or PACKAGE that does not bear a date or day; P or
- (3) Is appropriately marked with a date or day that exceeds a temperature and time combination as specified in ¶ 3-501.17 (A). [P]

Risk/Intervention - 26 - Toxic substances properly identified, stored and used

This is a priority item

OBSERVATION: (CORRECTED DURING INSPECTION): ProPower Quaternary Sanitizer in spray bottle is not being used according to manufacturer's use directions and is at 400+ ppm.

CORRECTIVE ACTION(S): Change procedures and provide training to employees on proper use of toxic chemical following manufacturer's directions for use. Frequently check sanitizer bottle concentration to maintain in 200 - 400 ppm range. Suggest filling bottle from 3 compartment sink (sanitizer compartment.) Correct By: 20-Oct-2016

CODE CITATION: 7-202.12 POISONOUS OR TOXIC MATERIALS shall be:

(A) Used according to:

- (1) LAW and this Code,
- (2) Manufacturer's use directions included in labeling, and, for a pesticide, manufacturer's label instructions that state that use is allowed in a FOOD ESTABLISHMENT, [P]
- (3) The conditions of certification, if certification is required, for use of the pest control materials, [P] and
- (4) Additional conditions that may be established by the REGULATORY AUTHORITY; and

Comments

[Contact Sam \(785-9732\) when corrected. Risk assessment and menu review conducted at inspection.](#)

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.

A re-inspection to assess your correction of these violations will be conducted on, or about, 10/27/2016

Person in Charge



Elizabeth McBain

Sanitarian



**Samuel Welch
(608) 785-9732**