



## Foodservice Establishment Inspection Report

<b>Establishment Information</b>	
Facility Name EAGLE BLUFF ELEMENTARY SCHOOL	Facility Type DPI School
Facility ID # HSAT-7QWGD6	Facility Telephone # 608 783-2453
Facility Address 200 EAGLE BLUFF COURT ONALASKA, WI 54650	
Licensee Name SCHOOL DISTRICT OF ONALASKA	Licensee Address 1821 MAIN STREET E ONALASKA, WI 54650

<b>Inspection Information</b>		
Inspection Type Routine	Inspection Date December 08, 2015	Total Time Spent

<b>Equipment Temperatures</b>	
Description	Temperature (Fahrenheit)
Refrigeration	40, 39, 38, 40
Freezers	11.5, 7

<b>Food Temperatures</b>	
Description	Temperature (Fahrenheit)
Cook chicken	170
Cook - baked beans	180

<b>Warewashing Info</b>					
Machine Name	Sanitization Method	Thermo Label	PPM	Sanitizer Name	Sanitizer Type
dish machine	high temperature	Passed 160			
spray bottle	chemical		300	Quaternary ammonium	

**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.

<b>Observed Violations</b>
Total # 0

<b>Comments</b>

1. Menu today: Lunch - chicken patty, cheese sandwich, baked beans, garden bar
2. Facility uses Time as Control for garden bar. Extra items are discarded after service.
3. No violations observed at time of 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.

Person in Charge



Sanitarian



**Nicole Frankfourth**  
**(608) 785-9731**



DPI School Inspection Report

<b>Inspection Information</b>			
School Name <b>EAGLE BLUFF ELEMENTARY SCHOOL</b>	200 EAGLE BLUFF COURT ONALASKA , WI 54650	HSAT-7QWGD6	Sanitarian Doug Schaefer
Person In Charge <b>Elke Flick</b>	Contact Person	Telephone # <b>(608 )-783-2453 xtn 3117</b>	Inspection Date (Current Date) <b>04/01/2016</b>
School District	Operator Certified <input type="checkbox"/> No <input type="checkbox"/> Yes	Name Of Operator	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>04/01/2014</b>		

**Smoking**

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

<b>Written Standard</b>	<b>SOP Name</b>	<b>SOP Name</b>	<b>SOP Name</b>
<b>Operating Procedure (SOP) - (Review Three)</b>			
<b>SOP Components</b>	Holding Foods	Preparing and cooking hot food	Reheating
(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 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"/> 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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Process 2 - Same Day Service <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Process 3- Complex Food Preparation <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Each Process Identifies	Critical Control Points (CCP's) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Critical Limits Established <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

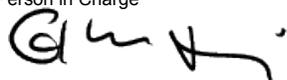
Record three random dates within the last inspection period, give an over all review for each of the categories. "Yes" if in compliance, "No" if not in compliance, note in comments.

<b>Records Review</b>	<b>Date</b>	<b>Date</b>	<b>Date</b>
	10/20/2015	12/15/2015	02/09/2016
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**

No corrective action in SOP for cold holding.  
Using raw animal product temperatures for heating of commercially processed rte foods.  
Discussing recording corrective action when done.

Person in Charge



Sanitarian



**Doug Schaefer**  
(608) 785-9679



Retail Food Establishment Inspection Report

<b>Establishment Information</b>	
Facility Name <b>EAGLE BLUFF ELEMENTARY SCHOOL</b>	Facility Type <b>DPI School</b>
Facility ID # <b>HSAT-7QWGD6</b>	Facility Telephone # <b>608 783-2453</b>
Facility Address <b>200 EAGLE BLUFF COURT ONALASKA , WI 54650</b>	
Licensee Name <b>SCHOOL DISTRICT OF ONALASKA</b>	Licensee Address <b>1821 MAIN STREET E ONALASKA , WI 54650</b>

<b>Inspection Information</b>		
Inspection Type <b>Routine</b>	Inspection Date <b>09/29/2016</b>	Total Time Spent

<b>Equipment Temperatures</b>	
Description	Temperature (Fahrenheit)
Refrigeration	<b>41, 37, 40, 41</b>

<b>Warewashing Info</b>						
Machine Name	Sanitization Method	Thermo Label	PPM	Sanitizer Name	Sanitizer Type	Temperature
dish machine	high temperature	pass 160 degrees				

**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.

<b>Observed Violations</b>
<p><b>Total # 1</b></p> <p><b>Good Retail Practices - 42 - Utensils, equipment and linens: properly stored, dried and handled</b></p> <p>This is a core item</p> <p><b>OBSERVATION:</b> Clean utensils are being stored or stacked without being air-dried.</p> <p><b>CORRECTIVE ACTION(S):</b> Air dry all clean utensils before storage and before contact with food. Correct By: 29-Sep-2016</p> <p><b>CODE CITATION:</b> 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.</p>

<b>Comments</b>
<p><a href="#">Elke Flick is ServeSafe certified.</a></p> <p><a href="#">Discussed the training program for symptoms of illness and menu items.</a></p>

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.

**Doug Schaefer**  
**(608) 785-9679**