



Foodservice Establishment Inspection Report

Establishment Information	
Facility Name LOGAN MIDDLE SCHOOL	Facility Type DPI School
Facility ID # HSAT-7QXJS6	Facility Telephone # 608 789-7755
Facility Address 1450 AVON ST LA CROSSE, WI 54603	
Licensee Name SCHOOL DISTRICT OF LA CROSSE	Licensee Address 807 EAST AVENUE SOUTH LA CROSSE, WI 54601

Inspection Information		
Inspection Type Routine	Inspection Date November 17, 2015	Total Time Spent

Equipment Temperatures	
Description	Temperature (Fahrenheit)
Milk cooler	38, 42
Refrigeration	38.5
Freezer	-2, 1.0

Food Temperatures	
Description	Temperature (Fahrenheit)
hot holding - cuban	145

Warewashing Info					
Machine Name	Sanitization Method	Thermo Label	PPM	Sanitizer Name	Sanitizer Type
High temp machine	Heat	Passed			
Sanitizer Bucket 1	Chemical		50	Chlorine	
Sanitizer Bucket 2	Chemical		100	Chlorine	

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

1. Menu review and risk assessment conducted. Menu - cheese bread, cubans, fruit and salad bar.
 2. No violations during inspection.
 3. Time as Control used for salad bar and fruit bar.
- Serves lunch - 10:40

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

Inspection Information			
School Name LOGAN MIDDLE SCHOOL	1450 AVON ST LA CROSSE, WI 54603	HSAT-7QXJS6	Sanitarian Nicole Frankfourth
Person In Charge Jerrilyn Donley	Contact Person	Telephone # (-)	Inspection Date (Current Date) 16-Mar-2016
School District	Operator Certified <input type="radio"/> No <input checked="" type="radio"/> Yes	Name Of Operator Jerrilyn Donley	Inspection Type Second Inspection
Food Safety Plan Onsite <input type="radio"/> No <input checked="" type="radio"/> Yes	Plan Last Reviewed By Food Service Authority 17-Nov-2015		

Smoking
Smoking Not Observed

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

Written Standard Operating Procedure (SOP) - (Review Three)	SOP Name	SOP Name	SOP Name
SOP Components	Field Trip Meals	Handling Leftovers	Physical Hazard
(Policy and Procedure May Include Critical Limits)	<input type="radio"/> No <input checked="" type="radio"/> Yes	<input type="radio"/> No <input checked="" type="radio"/> Yes	<input type="radio"/> No <input checked="" type="radio"/> Yes
Monitoring Instructions	<input type="radio"/> No <input checked="" type="radio"/> Yes	<input type="radio"/> No <input checked="" type="radio"/> Yes	<input type="radio"/> No <input checked="" type="radio"/> Yes
Recording Instructions	<input type="radio"/> No <input checked="" type="radio"/> Yes	<input type="radio"/> No <input checked="" type="radio"/> Yes	<input type="radio"/> No <input checked="" type="radio"/> Yes
Corrective Action Procedures	<input type="radio"/> No <input checked="" type="radio"/> Yes	<input type="radio"/> No <input checked="" type="radio"/> Yes	<input type="radio"/> No <input checked="" type="radio"/> Yes

Written Plan Using HACCP Principles <input checked="" type="radio"/> Yes <input type="radio"/> No	Process	Comments
Menu Items Categorized by Process	Process 1 - No Cook <input type="radio"/> No <input checked="" type="radio"/> Yes	
	Process 2 - Same Day Service <input type="radio"/> No <input checked="" type="radio"/> Yes	
	Process 3- Complex Food Preparation <input type="radio"/> No <input checked="" type="radio"/> Yes	
Each Process Identifies	Critical Control Points (CCP's) <input type="radio"/> No <input checked="" type="radio"/> Yes	
	Critical Limits Established <input type="radio"/> No <input checked="" type="radio"/> 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
	23-Feb-2016	17-Feb-2016	12-Feb-2016
Temperatures monitored and recorded.	<input type="radio"/> No <input checked="" type="radio"/> Yes	<input type="radio"/> No <input checked="" type="radio"/> Yes	<input type="radio"/> No <input checked="" type="radio"/> Yes
Temperature record accurate and consistent.	<input type="radio"/> No <input checked="" type="radio"/> Yes	<input type="radio"/> No <input checked="" type="radio"/> Yes	<input type="radio"/> No <input checked="" type="radio"/> Yes
Corrective actions documented.	<input type="radio"/> No <input checked="" type="radio"/> Yes	<input type="radio"/> No <input checked="" type="radio"/> Yes	<input type="radio"/> No <input checked="" type="radio"/> Yes
Employee food safety training program in place.	<input type="radio"/> No <input checked="" type="radio"/> Yes	<input type="radio"/> No <input checked="" type="radio"/> Yes	<input type="radio"/> No <input checked="" type="radio"/> Yes

Comments

1. New certified food manager needed.
 2. Recommend adding complete list of Process 1, 2, 3 in SOP book.

Person in Charge



Sanitarian



Nicole Frankfourth
 (608) 785-9731