



Foodservice Establishment Inspection Report

<b>Establishment Information</b>	
Facility Name NORTHERN HILLS ELEMENTARY	Facility Type DPI School
Facility ID # HSAT-7QWVXA	Facility Telephone # 608 783-4542
Facility Address 511 SPRUCE ST 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 11/24/2015	Total Time Spent

<b>Equipment Temperatures</b>	
Description	Temperature (Fahrenheit)
walk-in cooler	38
walk-in freezer	-8
reach-in freezer	-7
milk bunkers	33, 39, 40

<b>Food Temperatures</b>	
Description	Temperature (Fahrenheit)
baked beans (cook)	190
hamburger patties (hold)	167

<b>Warewashing Info</b>					
Machine Name	Sanitization Method	Thermo Label	PPM	Sanitizer Name	Sanitizer Type
wiping cloth pail	chemical	-	400	ProPower	QA
spray bottles (2)	chemical	-	200, 300	Quaternary	QA
dispenser	chemical	-	400	Sanitizer	QA
dish machine	high temperature	passed	-	ProPower	-
				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.

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

<b>Comments</b>
No violations noted at inspection. Contact Sam (785-9732) with questions. Risk assessment and menu review conducted at inspection. La Crosse Environmental Health will contact Shayna / Kerry in spring to schedule the Food Safety Plan Review.

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



**Shayna Smith**

Sanitarian



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



DPI School Inspection Report

<b>Inspection Information</b>			
School Name <b>NORTHERN HILLS ELEMENTARY</b>	511 SPRUCE ST ONALASKA, WI 54650	HSAT-7QWVXA	Sanitarian Doug Schaefer
Person In Charge <b>Shayna Smith</b>	Contact Person	Telephone # <b>(608 )-783-4542</b>	Inspection Date (Current Date) <b>04/01/2016</b>
School District <b>Onalaska</b>	Operator Certified <input type="checkbox"/> No <input checked="" 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>		

<b>Smoking</b>
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<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 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>
<b>SOP Components</b>	<b>Cooking</b>	<b>Holding</b>	<b>Service of Food</b>
(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 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>
	03/14/2016	03/29/2016	03/30/2016
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 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"/> 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>			
<p>Multiple review dates for the plan.  Employee info and equipment info not complete.  Not recording cook temps or CA.</p>			

Person in Charge

*Shauna Smith*

Sanitarian

*Doug Schaefer*

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



Retail Food Establishment Inspection Report

<b>Establishment Information</b>	
Facility Name NORTHERN HILLS ELEMENTARY	Facility Type DPI School
Facility ID # HSAT-7QWVXA	Facility Telephone # 608 783-4542
Facility Address 511 SPRUCE ST 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 09/27/2016	Total Time Spent

<b>Equipment Temperatures</b>	
Description	Temperature (Fahrenheit)
Refrigeration	42, 42, 40

<b>Food Temperatures</b>	
Description	Temperature (Fahrenheit)
hot holding	143

<b>Warewashing Info</b>						
Machine Name	Sanitization Method	Thermo Label	PPM	Sanitizer Name	Sanitizer Type	Temperature
Dish machine wiping cloth pail	chemical chemical	pass 160 degrees	350		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.

<b>Observed Violations</b>
<p><b>Total # 1</b></p> <p><b>Risk/Intervention - 08 - Adequate handwashing facilities supplied and accessible</b></p> <p>This is a core item</p> <p><b>OBSERVATION: (CORRECTED DURING INSPECTION):</b> No handwashing signage provided at kitchen handwashing sinks.</p> <p><b>CORRECTIVE ACTION(S):</b> Provide handwashing signage at all handwashing sinks used by food employees.</p> <p><b>CODE CITATION:</b> 6-301.14 A sign or poster that notifies FOOD EMPLOYEES to wash their hands shall be provided at all HANDWASHING SINKS used by FOOD EMPLOYEES and shall be clearly visible to FOOD EMPLOYEES.</p>

<b>Comments</b>
<p>Discussed wrapping single service disposables, trying to temp milk and not the refrigerator thermometers.</p> <p>Employee health is discussed with staff prior to the start of school.</p> <p>Shayna is Servsafe certified.</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.

Person in Charge



**Shayna Smith**

Sanitarian



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