

LA CROSSE COUNTY
HEALTH DEPARTMENT
Environmental Health Division



STATE OF WISCONSIN
Bureau of Environmental and
Occupational Health

Foodservice Establishment Inspection Report

Establishment Information	
Facility Name NORTHSIDE ELEMENTARY	Facility Type DPI School
Facility ID # ASTS-9Q7HNZ	Facility Telephone # 608 789-7970
Facility Address 1611 KANE 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 12, 2014	Total Time Spent

Equipment Temperatures	
Description	Temperature (Fahrenheit)
Refrigeration	40, 38, 39
Freezer	2, 0

Warewashing Info					
Machine Name	Sanitization Method	Thermo Label	PPM	Sanitizer Name	Sanitizer Type
High Temp Dishwasher San buckets (2)	Heat	Passed	50, 50		

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

Comments
1. No violations 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

Open Tree

Nicole Frankfourth

Nicole Frankfourth
(608) 785-9731



DPI School Inspection Report

Inspection Information			
School Name NORTHSIDE ELEMENTARY	1611 KANE ST LA CROSSE, WI 54603	ASTS-9Q7HNZ	Sanitarian Nicole Frankfourth
Person In Charge Faye Kielley	Contact Person	Telephone # (-)	Inspection Date (Current Date) 17-Mar-2015
School District	Operator Certified <input type="radio"/> No <input checked="" type="radio"/> Yes	Name Of Operator Faye Kielley	Inspection Type Second Inspection
Food Safety Plan Onsite <input type="radio"/> No <input checked="" type="radio"/> Yes	Plan Last Reviewed By Food Service Authority 04-Feb-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	SOP Name	SOP Name	SOP Name
Operating Procedure (SOP) - (Review Three)			
SOP Components	Cooling Potentially Hazardous Foods	Storing and Using Poisonous and Toxic Chemicals	Time as Public Health Control - Holding Foods
(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	Process	Comments
<input checked="" type="radio"/> Yes <input type="radio"/> No		
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	

No 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
	01-Dec-2014	19-Dec-2014	22-Jan-2015
Temperatures monitored and recorded.	<input type="radio"/> No <input checked="" type="radio"/> Yes	<input type="radio"/> No <input checked="" type="radio"/> Yes	<input checked="" type="radio"/> No <input 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
 One date reviewed - no salad bar temperatures were taken. Ensure they are taken and recorded as per SOP.

Person in Charge

Sanitarian

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DPI School Inspection Report

Inspection Information			
School Name NORTHSIDE ELEMENTARY	1611 KANE ST LA CROSSE, WI 54603	ASTS-9Q7HNZ	Sanitarian Nicole Frankfourth
Person In Charge Faye Kielley	Contact Person	Telephone # (-)	Inspection Date (Current Date) 15-Mar-2016
School District	Operator Certified <input type="radio"/> No <input checked="" type="radio"/> Yes	Name Of Operator Faye Kielley	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	Cooking Potentially hazardous foods	Cleaning & Sanitizing food contact surfaces	Handling Leftovers
(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
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Written Plan Using HACCP Principles	Process	Comments
<input type="radio"/> Yes <input type="radio"/> No		
Menu Items Categorized by Process	Process 1 - No Cook <input type="radio"/> No <input checked="" type="radio"/> Yes	
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	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	

No 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
	02-Nov-2015	03-Nov-2015	14-Dec-2015
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

Person in Charge

Sanitarian

Faye Kielley *Nicole Frankfourth*

Nicole Frankfourth
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