



## Foodservice Establishment Inspection Report

<b>Establishment Information</b>	
Facility Name NORTH WOODS ELEMENTARY	Facility Type DPI School
Facility ID # HSAT-7QX8TU	Facility Telephone # 608 789-7004
Facility Address 2541 SABLEWOOD RD LA CROSSE, WI 54601	
Licensee Name SCHOOL DISTRICT OF LA CROSSE	Licensee Address 807 EAST AVENUE SOUTH LA CROSSE, WI 54601

<b>Inspection Information</b>		
Inspection Type Routine	Inspection Date October 21, 2015	Total Time Spent

<b>Equipment Temperatures</b>	
Description	Temperature (Fahrenheit)
Walk in cooler	36.5
Walk in freezer	2.0
Milk cooler	38

<b>Food Temperatures</b>	
Description	Temperature (Fahrenheit)
Hot hold - french fries	160

<b>Warewashing Info</b>					
Machine Name	Sanitization Method	Thermo Label	PPM	Sanitizer Name	Sanitizer Type
High temp dish	Heat	Passed			
Wiping bucket	Chemical		50	Chlorine	

<b>Certified Manager</b>		
Name FAYE M KIELLEY	Certificate # DOGD-8YNA7A	Certificate Expiration 12/22/2017

**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.

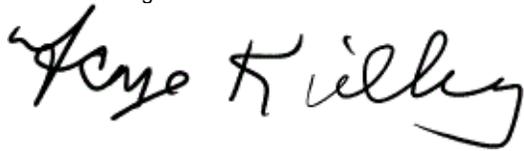
<b>Observed Violations</b>
<b>Total # 0</b>

**Comments**

1. No violations noted at time of inspection.
2. Menu today - lunch - pancakes and omelets, yogurt, string cheese, french fries.

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 NORTH WOODS ELEMENTARY	2541 SABLEWOOD RD LA CROSSE, WI 54601	HSAT-7QX8TU	Sanitarian Nicole Frankfourth
Person In Charge Faye Kielley	Contact Person	Telephone # (-)	Inspection Date (Current Date) 15-Mar-2016
School District La Crosse	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		

<b>Smoking</b>
Smoking Not Observed

<b>Food Safety Program</b>	<b>Employee Information</b>	<b>Types Of Equipment</b>
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

<b>Written Standard</b>	<b>SOP Name</b>	<b>SOP Name</b>	<b>SOP Name</b>
<b>Operating Procedure</b> <b>(SOP) - (Review Three)</b>			
<b>SOP Components</b>	Food Allergies Procedure	Manual dishwashing	Personal hygiene
(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

<b>Written Plan Using</b> <b>HACCP Principles</b>	<b>Process</b>	<b>Comments</b>
<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	
	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.

<b>Records Review</b>	<b>Date</b>	<b>Date</b>	<b>Date</b>
	02-Nov-2015	04-Jan-2016	27-Jan-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**

Person in Charge

*Faye Kelley*

Sanitarian

*Nicole Frankfourth*

Nicole Frankfourth  
(608) 785-9731



## Retail Food Establishment Inspection Report

<b>Establishment Information</b>	
Facility Name NORTH WOODS ELEMENTARY	Facility Type DPI School
Facility ID # HSAT-7QX8TU	Facility Telephone # 608 789-7004
Facility Address 2541 SABLEWOOD RD LA CROSSE, WI 54601	
Licensee Name SCHOOL DISTRICT OF LA CROSSE	Licensee Address 807 EAST AVENUE SOUTH LA CROSSE, WI 54601

<b>Inspection Information</b>		
Inspection Type Routine	Inspection Date October 05, 2016	Total Time Spent

<b>Equipment Temperatures</b>	
Description	Temperature (Fahrenheit)
Walk in cooler	38
Walk in freezer	16
Milk cooler	39

<b>Food Temperatures</b>	
Description	Temperature (Fahrenheit)
Cook - tritators	190
Hot hold - sausage	155
HH - French toast sticks	156

<b>Warewashing Info</b>						
Machine Name	Sanitization Method	Thermo Label	PPM	Sanitizer Name	Sanitizer Type	Temperature
High temp dish Wiping bucket	Heat Chemical	Passed	100, 100	Chlorine		

<b>Certified Manager</b>		
Name FAYE M KIELLEY	Certificate # DOGD-8YNA7A	Certificate Expiration 12/22/2017

**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 # 2</b>
<b>Good Retail Practices - 39 - Wiping cloths: properly used and stored</b> This is a core item <b>OBSERVATION: (CORRECTED DURING INSPECTION):</b> Wet wiping cloth used for wiping counters stored in dry bucket on counter. Sanitizing solution was made in bucket (100ppm) and cloths were placed in sanitizer. <b>CORRECTIVE ACTION(S):</b> Cloths used for wiping counters shall be stored in a sanitizing solution. <b>CODE CITATION:</b> 3-304.14 (B) Cloths in-use for wiping counters and other EQUIPMENT surfaces shall be: (1) Held between uses in a chemical sanitizer solution at a concentration specified under § 4-501.114; and
<b>Risk/Intervention - 08 - Adequate handwashing facilities supplied and accessible</b> This is a priority foundation item <b>OBSERVATION: (CORRECTED DURING INSPECTION):</b> Handwashing sink observed to be blocked with bucket during inspection and is unavailable for proper handwashing. Bucket was moved out of sink. <b>CORRECTIVE ACTION(S):</b> Keep handwashing sink free of obstructions and in working condition at all times to allow for frequent handwashing. <b>CODE CITATION:</b> 5-205.11 (A) A HANDWASHING SINK shall be maintained so that it is accessible at all times for EMPLOYEES use. [Pf] (B) A HANDWASHING SINK may not be used for purposes other than handwashing except as specified in § 2-301.15. [Pf] (C) An automatic handwashing facility shall be used in accordance with manufacturer's instructions. [Pf]

<b>Comments</b>
<ol style="list-style-type: none"><li>1. Lunch menu today: French toast sticks/sausage, turkey sandwich, tritaters</li><li>2. Discussed cooling procedures</li></ol>

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**