



Foodservice Establishment Inspection Report

<b>Establishment Information</b>	
Facility Name ST PAULS EVANGELICA LUTHERAN SCHOOL	Facility Type DPI School
Facility ID # HSAT-7QXHFN	Facility Telephone # 608 783-4822
Facility Address 1201 MAIN ST ONALASKA , WI 54650	
Licensee Name ST PAULS EVANGELICAL SCHOOL	Licensee Address 1201 MAIN ST ONALASKA , WI 54650

<b>Inspection Information</b>		
Inspection Type Routine	Inspection Date 10/21/2015	Total Time Spent

<b>Equipment Temperatures</b>	
Description milk cooler	Temperature (Fahrenheit) 41

<b>Warewashing Info</b>					
Machine Name	Sanitization Method	Thermo Label	PPM	Sanitizer Name	Sanitizer Type
spray bottle	chemical		250		QA
3C sink	chemical		nsu		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.

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

<b>Comments</b>
Food coming from HSD Sand Lake Road school. Time as control is used for hot and cold foods daily.

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  
  
 connie gronholz

Sanitarian  
  
 Doug Schaefer  
 (608) 785-9679



DPI School Inspection Report

<b>Inspection Information</b>			
School Name ST PAULS EVANGELICA LUTHERAN SCHOOL	1201 MAIN ST ONALASKA , WI 54650	HSAT-7QXHFN	Sanitarian Doug Schaefer
Person In Charge Connie Gronholz	Contact Person	Telephone # (608 )-783-4822	Inspection Date (Current Date) 04/01/2016
School District Onalaska	Operator Certified <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Name Of Operator	Inspection Type Second Inspection
Food Safety Plan Onsite <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Plan Last Reviewed By Food Service Authority 02/29/2016		

**Smoking**

<b>Food Safety Program</b>	<b>Employee Information</b>	<b>Types Of Equipment</b>
Food Service Authority Description Facility Type <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 Standard Operating Procedure (SOP) - (Review Three)</b>	<b>SOP Name</b>	<b>SOP Name</b>	<b>SOP Name</b>
<b>SOP Components</b>	Receiving	Storing	Time as control
(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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
	Process 2 - Same Day Service <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
	Process 3- Complex Food Preparation <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
Each Process Identifies	Critical Control Points (CCP's) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
	Critical Limits Established <input type="checkbox"/> No <input checked="" 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>
	09/14/2015	01/22/2016	03/31/2016
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
<b>Comments</b>			
<a href="#">Time as a control in place for hot and cold foods.</a> <a href="#">Full HACCP book, satellite school.</a>			

Person in Charge



Sanitarian



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



Retail Food Establishment Inspection Report

<b>Establishment Information</b>	
Facility Name ST PAULS EVANGELICA LUTHERAN SCHOOL	Facility Type DPI School
Facility ID # HSAT-7QXHFN	Facility Telephone # 608 783-4822
Facility Address 1201 MAIN ST ONALASKA , WI 54650	
Licensee Name ST PAULS EVANGELICAL SCHOOL	Licensee Address 1201 MAIN ST ONALASKA , WI 54650

<b>Inspection Information</b>		
Inspection Type Routine	Inspection Date 09/26/2016	Total Time Spent

<b>Equipment Temperatures</b>	
Description	Temperature (Fahrenheit)
milk cooler	41

<b>Food Temperatures</b>	
Description	Temperature (Fahrenheit)
Hot holding	164, 154, 163, 170
Salad bar	55

<b>Warewashing Info</b>						
Machine Name	Sanitization Method	Thermo Label	PPM	Sanitizer Name	Sanitizer Type	Temperature
spray bottle	chemical					
3C sink	chemical					

**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>
Food from Sand Lake and panned at 9:15. Time as control in use for both hot and cold foods. Service is over after 12:00 line.

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



**danielle Wohlhoefer**

Sanitarian



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