



Foodservice Establishment Inspection Report

Establishment Information	
Facility Name STATE ROAD ELEMENTARY	Facility Type DPI School
Facility ID # HSAT-7QX8A8	Facility Telephone # 608 789-7997
Facility Address N1821 HAGEN RD LA CROSSE , WI 54601	
Licensee Name SCHOOL DISTRICT OF LA CROSSE	Licensee Address 807 E AVENUE SOUTH LA CROSSE , WI 54601

Inspection Information		
Inspection Type Routine	Inspection Date 10/15/2015	Total Time Spent

Equipment Temperatures	
Description	Temperature (Fahrenheit)
reach-in coolers (2)	41, 39
reach-in freezers (2)	16, 3
milk bunkers (2)	35,35

Food Temperatures	
Description	Temperature (Fahrenheit)
Chicken alfredo sauce (cook)	168
Chicken alfredo sauce (hold)	165

Warewashing Info					
Machine Name	Sanitization Method	Thermo Label	PPM	Sanitizer Name	Sanitizer Type
4 compartment sink	chemical	passed	200		chlorine
wiping buckets (2)	chemical		200		chlorine
dish machine	high temperature				

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
Menu review and risk assessment conducted Install wrist blade handles on hand wash sink. Current handles are hand operated.

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



pamela k veglahn

Sanitarian



Aron Newberry
(608) 785-9730



DPI School Inspection Report

Inspection Information			
School Name STATE ROAD ELEMENTARY	N1821 HAGEN RD LA CROSSE , WI 54601	HSAT-7QX8A8	Sanitarian Aron Newberry
Person In Charge Pam Vaglahn	Contact Person Shelly Abraham	Telephone # ()-	Inspection Date (Current Date) 03/31/2016
School District La Crosse	Operator Certified <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Name Of Operator Shelly	Inspection Type Second Inspection
Food Safety Plan Onsite <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Plan Last Reviewed By Food Service Authority 11/17/2015		

Smoking
Smoking Not Observed

Food Safety Program	Employee Information	Types Of Equipment
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

Written Standard Operating Procedure (SOP) - (Review Three)	SOP Name	SOP Name	SOP Name
SOP Components	Time as a Public Health Control	Thermometer Calibration	Reheating PHF
(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

Written Plan Using HACCP Principles	Process	Comments
<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.

Records Review	Date	Date	Date
	01/04/2016	12/18/2015	11/02/2015
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

Comments

Menu review and risk assessment conducted.
Add equipment quantities to the equipment inventory.

Person in Charge



Sanitarian



Aron Newberry
(608) 785-9730



Retail Food Establishment Inspection Report

Establishment Information	
Facility Name STATE ROAD ELEMENTARY	Facility Type DPI School
Facility ID # HSAT-7QX8A8	Facility Telephone # 608 789-7997
Facility Address N1821 HAGEN RD LA CROSSE , WI 54601	
Licensee Name SCHOOL DISTRICT OF LA CROSSE	Licensee Address 807 E AVENUE SOUTH LA CROSSE , WI 54601

Inspection Information		
Inspection Type Routine	Inspection Date 10/12/2016	Total Time Spent

Equipment Temperatures	
Description	Temperature (Fahrenheit)
reach-in coolers (2)	35,40
reach-in freezers (2)	8,4
milk bunkers (2)	40

Food Temperatures	
Description	Temperature (Fahrenheit)
cheese quesadilla re-heat	200
Blueberries cold hold	38
refried beaned re-heat	185
taco meat hot hold	167

Warewashing Info						
Machine Name	Sanitization Method	Thermo Label	PPM	Sanitizer Name	Sanitizer Type	Temperature
4 compartment sink wiping buckets (2) dish machine	chemical chemical high temperature	Passed	50 50,50	Chlorine chlorine		

Certified Manager		
Name MICHELLE M ABRAHAM	Certificate # LSAK-AC8RTU	Certificate Expiration 2/19/2021

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.

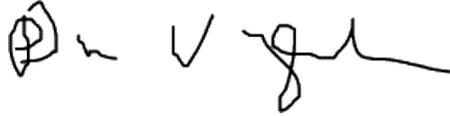
Observed Violations
Total # 0

Comments

Menu review and risk assessment conducted.
Discussed testing the thermal sanitization method used in the warewashing operation, and the importance of not testing on metal but rather on plastic for an accurate measurement.

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



pamela veglahn

Sanitarian



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