



Foodservice Establishment Inspection Report

Establishment Information	
Facility Name SUMMIT ELEMENTARY	Facility Type DPI School
Facility ID # HSAT-7QXEAS	Facility Telephone # 608 789-7069
Facility Address 1800 LAKESHORE DR 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 October 23, 2015	Total Time Spent

Equipment Temperatures	
Description	Temperature (Fahrenheit)
walk-in cooler	36.5
walk-in freezer	4
Milk cooler	36, 40

Food Temperatures	
Description	Temperature (Fahrenheit)
Hot hold - hot dog	145, 180
Hot hold - chicken pot pie	160, 155

Warewashing Info					
Machine Name	Sanitization Method	Thermo Label	PPM	Sanitizer Name	Sanitizer Type
dish machine	high temp	Passed			
wiping bucket	chemical		100	Chlorine	

Certified Manager		
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.

Observed Violations
Total # 0

Comments

1. Menu review conducted: lunch - chicken pot pie, hot dogs, salad bar
2. Facility uses Time as Control for salad bar. Extra food items are discarded after service.
3. No violations at time of inspection.
4. Pen was not working for signature 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

faye kielley

**Nicole Frankfourth
(608) 785-9731**



DPI School Inspection Report

Inspection Information			
School Name SUMMIT ELEMENTARY	1800 LAKESHORE DR LA CROSSE, WI 54603	HSAT-7QXEAS	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	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

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	TIME AS A PUBLIC HEALTH CONTROL	VISITORS IN SCHOOL KITCHENS	WASHING FRUITS AND VEGETABLES
(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 <input checked="" type="radio"/> Yes <input type="radio"/> No	Process	Comments
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
	07-Dec-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

1. Add CCP to recipes

Person in Charge



Sanitarian



Nicole Frankfourth
(608) 785-9731



Retail Food Establishment Inspection Report

Establishment Information	
Facility Name SUMMIT ELEMENTARY	Facility Type DPI School
Facility ID # HSAT-7QXEAS	Facility Telephone # 608 789-7069
Facility Address 1800 LAKESHORE DR 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 October 06, 2016	Total Time Spent

Equipment Temperatures	
Description	Temperature (Fahrenheit)
walk-in cooler	38.5
walk-in freezer	11
Milk cooler	38, 40

Food Temperatures	
Description	Temperature (Fahrenheit)
hh pizza	170
hh sloppy joe	175
hh baked beans	150

Warewashing Info						
Machine Name	Sanitization Method	Thermo Label	PPM	Sanitizer Name	Sanitizer Type	Temperature
dish machine	high temp	passed				
wiping bucket	chemical		50, 100	Chlorine		

Certified Manager		
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.

Observed Violations
Total # 0

Comments
1. Menu review and risk assessment 2. Facility uses Time as Public Health Control for salad bar.

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