



Foodservice Establishment Inspection Report

<b>Establishment Information</b>	
Facility Name <b>VIKING ELEMENTARY</b>	Facility Type <b>DPI School</b>
Facility ID # <b>HSAT-7QWKPQ</b>	Facility Telephone # <b>608 526-3316</b>
Facility Address <b>511 4TH AVENUE EAST HOLMEN , WI 54636</b>	
Licensee Name <b>SCHOOL DISTRICT OF HOLMEN</b>	Licensee Address <b>P O 580 HOLMEN , WI 54636</b>

<b>Inspection Information</b>		
Inspection Type <b>Routine</b>	Inspection Date <b>10/06/2015</b>	Total Time Spent

<b>Equipment Temperatures</b>	
Description	Temperature (Fahrenheit)
<b>Refrigeration</b>	<b>40, 36, 40</b>

<b>Food Temperatures</b>	
Description	Temperature (Fahrenheit)
<b>Hot Holding</b>	<b>171, 168, 173</b>

<b>Warewashing Info</b>					
Machine Name	Sanitization Method	Thermo Label	PPM	Sanitizer Name	Sanitizer Type
dish machine 3 compartment sink dispenser	high temperature chemical	Pass 160 degree	300		QA

<b>Certified Manager</b>		
Name <b>CATHLEEN D BACK</b>	Certificate # <b>BHEP-8C7QP4</b>	Certificate Expiration <b>10/28/2015</b>

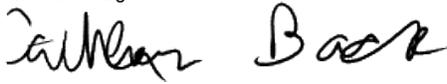
**OPERATOR** - The violations in operating procedure or physical arrangement indicated below must be corrected by the next routine inspection or by a date specified in this report.

<b>Observed Violations</b>
<p><b>Total # 1</b></p> <p><b>Good Retail Practices - 42 - Utensils, equipment and linens: properly stored, dried and handled</b></p> <p>This is a core item</p> <p><b>OBSERVATION:</b> Clean utensils are being stored or stacked without being air-dried. Trays are wet stacked.</p> <p><b>CORRECTIVE ACTION(S):</b> Air dry all clean utensils before storage and before contact with food. Correct By: 06-Oct-2015</p> <p><b>CODE CITATION:</b> 4-901.11 After cleaning and SANITIZING, EQUIPMENT and UTENSILS:</p> <p>(A) Shall be air-dried or used after adequate draining as specified in the first paragraph of 40 CFR 180.940 — Tolerance exemptions for active and inert ingredients for use in antimicrobial formulations (food-contact surface sanitizing solutions), before contact with FOOD; and</p> <p>(B) May not be cloth dried except that UTENSILS that have been air-dried may be polished with cloths that are maintained clean and dry.</p>

**Comments**

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

  
**Cathleen Back**

Sanitarian

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



DPI School Inspection Report

<b>Inspection Information</b>			
School Name <b>VIKING ELEMENTARY</b>	511 4TH AVENUE EAST HOLMEN , WI 54636	HSAT-7QWKPQ	Sanitarian Doug Schaefer
Person In Charge <b>Cathleen Back</b>	Contact Person	Telephone # (608-526-3316 )-	Inspection Date (Current Date) 03/29/2016
School District <b>Holmen</b>	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 09/28/2015		

**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

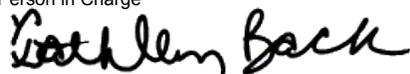
<b>Written Standard</b>	<b>SOP Name</b>	<b>SOP Name</b>	<b>SOP Name</b>
<b>Operating Procedure</b> <b>(SOP) - (Review Three)</b>			
<b>SOP Components</b>	Storing Food	Holding PHF	Heating PHF
(Policy and Procedure May Include Critical Limits)	<input type="checkbox"/> No <input checked="" type="checkbox"/> 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

<b>Written Plan Using HACCP Principles</b>	<b>Process</b>	<b>Comments</b>
<input type="checkbox"/> Yes <input checked="" 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>
	09/25/2015	10/14/2015	11/19/2015
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
<b>Comments</b>			
No corrective action was required on documented dates reviewed. Discussion around capturing the corrective action and noting it on the production record as per Plan.			

Person in Charge



Sanitarian



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



Retail Food Establishment Inspection Report

<b>Establishment Information</b>	
Facility Name VIKING ELEMENTARY	Facility Type DPI School
Facility ID # HSAT-7QWKPQ	Facility Telephone # 608 526-3316
Facility Address 511 4TH AVENUE EAST HOLMEN , WI 54636	
Licensee Name SCHOOL DISTRICT OF HOLMEN	Licensee Address PO BOX 580 HOLMEN , WI 54636

<b>Inspection Information</b>		
Inspection Type Routine	Inspection Date 09/22/2016	Total Time Spent

<b>Equipment Temperatures</b>	
Description	Temperature (Fahrenheit)
Refrigeration	39, 41, 40, 40, 41

<b>Food Temperatures</b>	
Description	Temperature (Fahrenheit)
French toast CT	179

<b>Warewashing Info</b>						
Machine Name	Sanitization Method	Thermo Label	PPM	Sanitizer Name	Sanitizer Type	Temperature
dish machine 3 compartment sink dispenser	high temperature chemical	pass 160 degrees	350		QA	

<b>Certified Manager</b>		
Name CATHLEEN D BACK	Certificate # BHEP-8C7QP4	Certificate Expiration 10/28/2015

**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>
Discussed handling of raw animal foods and use of fans. Cathleen is ServSafe certified, expires 2020.

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

  
Cathleen Back

Sanitarian

  
Doug Schaefer  
(608) 785-9679