

SCHOOL FOOD SAFETY PROGRAM INSPECTION REPORT

School Name <u>Early Learning Center</u>	School Address <u>300 Spellman St</u>	County _____	ID Number <u>00101</u>
Person In Charge _____	Contact Person _____	Telephone Number _____	
Current Date _____	School District _____	Is operator certified? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Name of Certified Operator _____
Inspection Type (check one) <input type="checkbox"/> Second Inspection <input type="checkbox"/> Complaint <input type="checkbox"/> Visit / No Action <input type="checkbox"/> Onsite Visit <input type="checkbox"/> Other		Action Taken (check one) <input type="checkbox"/> License Suspended <input type="checkbox"/> Operational <input type="checkbox"/> Conditional <input type="checkbox"/> Withhold <input type="checkbox"/> Revoke <input type="checkbox"/> Other	
Is the Food Safety Plan onsite? Yes <input type="checkbox"/> No <input type="checkbox"/>		Plan last reviewed by Food Service Authority Date: _____	

FOOD SAFETY PROGRAM

Food Service Authority Description		
Facility type(s) Yes <input type="checkbox"/> No <input type="checkbox"/>	Employee Information Yes <input type="checkbox"/> No <input type="checkbox"/>	Types of equipment: Yes <input type="checkbox"/> No <input type="checkbox"/>

WRITTEN STANDARD OPERATING PROCEDURE (SOP) (Review three

SOP Components	SOP Name	SOP Name	SOP Name
Policy and Procedure (may include critical limits)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Monitoring Instructions	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Recording Instructions	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Corrective Action Procedures	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Written Plan using HACCP principles Yes No

Menu items categorized by process	Process 1 – No Cook	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Process 2 – Same Day Service	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Process 3 – Complex Food Preparation	Yes <input type="checkbox"/> No <input type="checkbox"/>
Each Process Identifies	Critical Control Points (CCP's)	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Critical Limits Established	Yes <input type="checkbox"/> No <input type="checkbox"/>

RECORDS REVIEW

Record three random dates within the last inspection period; give an overall review for each of the categories. "Yes" if in compliance, "No" if not in compliance, note in comments.

Date: _____	Date: _____	Date: _____
Temperatures Monitored and Recorded	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:
Temperature Record Accurate and Consistent	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Corrective Actions Documented	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is an employee food safety-training program in place?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

INSPECTION NARRATIVE:


Facility Name	Date

I understand and agree to comply with the corrections ordered on this report. Correct violations by the next inspection or within the period specified in the report.



SIGNATURE - Person-in-charge

Date Signed



SIGNATURE - Health Inspector

Date Signed