SCHOOL FOOD SAFETY PROGRAM INSPECTION REPORT

School Name	School Address	County	ID Number

Person In Charge	Contact Person	Telephone Number

Current Date	School District	Is operator certified? ☐ Yes ☐ No ☐ N/A	Name of Certified Operator

Inspection Type (check one)
☐ Second Inspection   ☐ Complaint   ☐ Visit / No Action
☐ Onsite Visit   ☐ Other

Action Taken (check one)
☐ License Suspended   ☐ Operational   ☐ Conditional
☐ Withhold   ☐ Revoke   ☐ Other

Is the Food Safety Plan onsite? Yes ☐ No ☐	Plan last reviewed by Food Service Authority Date:

FOOD SAFETY PROGRAM

Food Service Authority Description

Facility type(s) Yes ☐ No ☐	Employee Information Yes ☐ No ☐	Types of equipment: Yes ☐ No ☐

WRITTEN STANDARD OPERATING PROCEDURE (SOP) (Review three

SOP Components	SOP Name	SOP Name	SOP Name
Policy and Procedure (may include critical limits)	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Monitoring Instructions	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Recording Instructions	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Corrective Action Procedures	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐

Written Plan using HACCP principles   Yes ☐ No ☐

Menu items categorized by process	Process 1 – No Cook	Yes ☐ No ☐
	Process 2 – Same Day Service	Yes ☐ No ☐
	Process 3 – Complex Food Preparation	Yes ☐ No ☐
Each Process Identifies	Critical Control Points (CCP's)	Yes ☐ No ☐
	Critical Limits Established	Yes ☐ No ☐

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 ☐ No ☐	Comments:	
Temperature Record Accurate and Consistent Yes ☐ No ☐		
Corrective Actions Documented Yes ☐ No ☐		
Is an employee food safety-training program in place? Yes ☐ No ☐		

DEPARTMENT OF HEALTH & FAMILY SERVICES
Division of Public Health
DPH 45030 (04/06)

STATE OF WISCONSIN
s. 254.61, Subchapter VII, Wis. Stats.
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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