

Inspection Information			
School Name JACKSON ELEMENTARY SCHOOL	Address 13 NORTH JACKSON ST ELKHORN, WI 53121	ID # HSAT-7QX48S	Sanitarian Mark Janko <input checked="" type="checkbox"/>
Person In Charge BECKY MONNAHAN	Contact Person ELLEN LEASURE	Telephone # (262)-723-3160	Inspection Date (Current Date) 28-Feb-2013 <input checked="" type="checkbox"/>
School District ELKHORN SCHOOL DISTRICT	Operator Certified <input type="radio"/> No <input checked="" type="radio"/> Yes	Name Of Operator ELKHORN SCHOOL DISTRICT	Inspection Type Second Inspection
Food Safety Plan Onsite <input type="radio"/> No <input checked="" type="radio"/> Yes	Plan Last Reviewed By Food Service Authority 08-Aug-2012		

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	HAND WASHING	HEALTH AND PERSONAL HYGIENE	CALIBRATING FOOD THERMOMETERS
(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

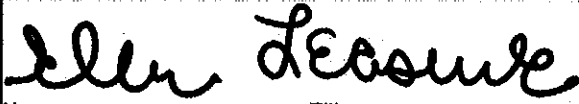

Written Plan Using HACCP Principles	Process	Comments
<input checked="" type="radio"/> Yes <input type="radio"/> No		
Menu Items Categorized by Process	Process 1 - No Cook <input type="radio"/> No <input checked="" type="radio"/> Yes Process 2 - Same Day Service <input type="radio"/> No <input checked="" 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 <input type="radio"/> No <input checked="" type="radio"/> 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
Temperatures monitored and recorded.	04-Sep-2012 <input type="radio"/> No <input checked="" type="radio"/> Yes	12-Nov-2012 <input type="radio"/> No <input checked="" type="radio"/> Yes	09-Jan-2013 <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**  
 REVIEWED HACCP PLAN AND PRODUCTION LOGS

<b>Signature</b>	
Person in Charge - Enter your signature below:	Inspector - Enter your signature below:
	
Name ELLEN LEASURE	Title FOOD SERVICE DIRECTOR