

ENVIRONMENTAL  
PUBLIC HEALTH  
CONSORTIUM  
515 S FIRST ST  
WATERTOWN, WI  
53094  
920-262-8094

DPI School Inspection Report

<b>Inspection Information</b>			
School Name BARRIE ELEMENTARY	100 HARRIETTE ST FORT ATKINSON , WI 535 38	HSAT-7QX3LA	Sanitarian Tyler Kubicek
Person In Charge Tabatha Edwards	Contact Person Christina Oswald	Telephone # ( )-	Inspection Date (Current Date) 04/12/2024
School District Fort Atkinson	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		

<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 Operating Procedure (SOP)</b> - (Review Three)	<b>SOP Name</b>	<b>SOP Name</b>	<b>SOP Name</b>
<b>SOP Components</b>	#3 No Bare Hand Contact	#7 Approved Food Source	#20 Preventing Cross-Contamination
(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 Process Principles</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Comments</b>
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>
	04/12/2024	12/06/2023	10/17/2023
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

**Comments**

**Recommendation:**  
 -Pages 5,6, and 7 check the boxes for the SOPs that pertain to the operations in the kitchen

Person in Charge

Sanitarian

*T. Edwards*      *Tyler Kubicek*

Name

Title

**Tyler Kubicek**  
**(920) 262-8094**