

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

DPI School Inspection Report

|   |   |                     |  |
|---|---|---------------------|--|
| <b>Inspection Information</b>   |   |                     |  |
| School Name<br>ROCKWELL<br>ELEMENTARY   | 821 MONROE<br>FORT ATKINSON , WI 535<br>38  | HSAT-7QWQ45         | Sanitarian<br>Tyler Kubicek                  |
| Person In Charge<br>Sigrid Reich  | Contact Person<br>Christina Oswald  | Telephone #<br>( )- | Inspection Date (Current Date)<br>04/12/2024 |
| School District<br>Fort Atkinson  | Operator Certified<br><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Name Of Operator    | Inspection Type<br>Second Inspection         |
| Food Safety Plan Onsite<br><input type="checkbox"/> No <input type="checkbox"/> Yes | Plan Last Reviewed By Food Service<br>Authority   |                     |  |

|  |   |   |
|--|---|---|
| <b>Food Safety Program</b>   | <b>Employee Information</b>   | <b>Types Of Equipment</b>   |
| Food Service Authority Description Facility<br>Type<br><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><br>- (Review Three) | <b>SOP Name</b>   | <b>SOP Name</b>   | <b>SOP Name</b>   |
| <b>SOP Components</b>   | #3 No Bare Hand Contact   | #8 Handling a Food Recall   | #11 Storing and Using<br>Chemicals                                  |
| (Policy and Procedure May<br>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<br>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><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Comments</b>  |
| Menu Items Categorized by Process  | Process 1 - No Cook<br><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes<br>Process 2 - Same Day Service<br><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes<br>Process 3- Complex Food<br>Preparation<br><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes |
| Each Process Identifies  | Critical Control Points (CCP's)<br><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes<br>Critical Limits Established<br><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  | 09/27/2023  | 11/30/2023  |
| 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

*Stephan R. Rind*

*Tyler Kubicek*

Name

Title

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