



DPI School Inspection Report

Inspection Information			
School Name ASHWAUBENON HIGH SCHOOL	2391 S RIDGE RD GREEN BAY , WI 54304	HSAT-7QWF89	Sanitarian Austin Carter
Person In Charge Jeff Capelle	Contact Person Kaitlin Tauriainen	Telephone # (920)492-2905	Inspection Date (Current Date) 03/04/2024
School District Ashwaubenon	Operator Certified <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Name Of Operator Jeff Capelle	Inspection Type Second Inspection
Food Safety Plan Onsite <input type="checkbox"/> No <input type="checkbox"/> Yes	Plan Last Reviewed By Food Service Authority		

Food Safety Program	Employee Information	Types Of Equipment
Food Service Authority Description Facility Type <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

Written Standard Operating Procedure (SOP)	SOP Name	SOP Name	SOP Name
- (Review Three)			
SOP Components	#3 No bare hand contact when handling ready-to-eat foods	#9 Receiveing Deliveries	#16 Datemarking
(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

Written Plan Using HACCP Process Principles	Comments
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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.

Records Review	Date	Date	Date
	10/11/2023	12/08/2023	02/15/2024
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

Excellent work adjusting process 1,2 and 3 sheets. Remember to type them up at the end of the year.

On SOP #16 Date Marking - It states that food that is made on day one and frozen on day 2 would only count towards one day of datemarking. Technically it would count as 2 days unless you marked the time that the food was made and cooled at. So if you made something on the 1st and froze it on the 2nd it would count as 2 days.

[Update employee list.](#)

Person in Charge

Sanitarian



Name
Jeff Capelle

Title
Head Cook



Austin Carter
(920) 448-6407