



## DPI School Inspection Report

<b>Inspection Information</b>			
School Name <b>PIONEER</b>	1360 PONDEROSA AVE GREEN BAY , WI 54313	HSAT-7QWGSY	Sanitarian <b>Mawuenam Matti</b>
Person In Charge <b>Susan Olbrantz</b>	Contact Person <b>Kaitlin Tauriainen</b>	Telephone # <b>(920 )-246-7255</b>	Inspection Date (Current Date) <b>03/04/2025</b>
School District <b>Ashwaubenon</b>	Operator Certified <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Name Of Operator <b>Susan Olbrantz</b>	Inspection Type <b>Second Inspection</b>
Food Safety Plan Onsite <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Plan Last Reviewed By Food Service Authority <b>03/08/2024</b>		

<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>	<b># 3 No Bare Hand Contact When Handling RTE Foods / Glove Use</b>	<b># 21 Cleaning and Sanitizing Food Contact Surfaces</b>	<b># 2 Food Service Employee Health, Personal Cleanliness..</b>
(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 checked="" type="checkbox"/> Yes <input 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>
	03/03/2025	10/16/2024	08/29/2024
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
<b>Comments</b>			
<p>*Signed employee reporting agreement on file for review.</p> <p>* Excellent recordkeeping. Documents are all well documented and neatly organized. Excellent work Susan and team. Keep up the great work!</p>			

Person in Charge



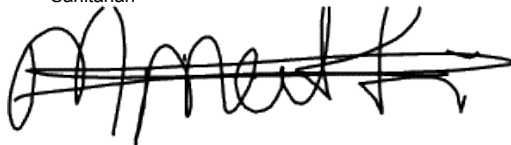
Name

**Jana Kolar**

Title

**Food Service Worker**

Sanitarian



**Mawuenam Matti**  
**(920) 448-6423**