



DPI School Inspection Report

|  |   |  |   |
|--|---|--|---|
| <b>Inspection Information</b>  |   |  |   |
| School Name<br><b>PARKVIEW MIDDLE SCHOOL</b>   | 955 WILLARD DR<br>GREEN BAY , WI 54304  | HSAT-7QX769                            | Sanitarian<br>Austin Carter                         |
| Person In Charge<br><b>Lois Ludwig</b>   | Contact Person<br><b>Kaitlin Tauriainen</b>   | Telephone #<br>(920 )492-2905          | Inspection Date (Current Date)<br><b>03/04/2024</b> |
| School District<br><b>Ashwaubenon</b>  | Operator Certified<br><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Name Of Operator<br><b>Lois Ludwig</b> | Inspection Type<br><b>Second Inspection</b>         |
| Food Safety Plan Onsite<br><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Plan Last Reviewed By Food Service Authority<br><b>03/30/2023</b>                         |  |   |

|   |   |   |
|---|---|---|
| <b>Food Safety Program</b>  | <b>Employee Information</b>   | <b>Types Of Equipment</b>   |
| Food Service Authority Description Facility 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>  | <b>SOP Name</b>   | <b>SOP Name</b>   | <b>SOP Name</b>   |
|--|---|---|---|
| <b>- (Review Three)</b>                            |   |   |   |
| SOP Components                                     | #1 Handwashing  | #7 Approved Food Source   | #15 Preventing Cross-Contamination during Storage and Preparation   |
| (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>                  | <b>Comments</b>  |
|---|--|
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Menu Items Categorized by Process                                   | Process 1 - No Cook<br><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes                 |
|   | Process 2 - Same Day Service<br><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes        |
|   | Process 3- Complex Food 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     |
|   | 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>   |
|---|---|---|---|
|   | 09/13/2023  | 11/10/2023  | 01/25/2024  |
| 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**

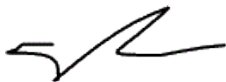
Handwashing SOP requires the use of a fingernail brush. If this is listed in the HACCP plan then it is a violation if you do not use it when you wash your hands.

SOP #15 states that raw meat, fish or eggs should not be stored above lettuce, melon, and luncheon meats. Raw meats, fish or eggs should not be stored above any Ready-to-eat products. What is listed are considered Temperature Controlled for Safety products, but really you should not store it over any product that does not need to be cooked. This includes things such as veggies (carrots, celery, etc), pre-cooked meats that can be served reheated, etc.

According to the cooling SOP you are required to conduct a cooling study for each product that is cooled. Whenever a new process 3 item is added to the list a cooling study needs to be conducted to ensure that the food is cooling within the required timeframe.

Person in Charge

Sanitarian



Name  
**Sue LeSage**

Title  
**Assisstant Head Cook**



**Austin Carter**  
**(920) 448-6407**