

SCHOOL FOOD SAFETY PROGRAM INSPECTION REPORT

School Name Indian Mound Middle School		School Address 6330 Exchange St McFarland, WI 53558		County Dane	ID Number LICSCD-2010-0079
Person In Charge Amanda Mortensen		Contact Person Jacki Ribble (ribblejl@mcfbsd.org)			Telephone Number (608-838-4521)
Current Date 03/07/25	School District McFarland School District	Is operator certified? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Name of Certified Operator Jacquelyn Ribble (8/10/2028)	
Inspection Type (check one) <input checked="" type="checkbox"/> Second Inspection <input type="checkbox"/> Complaint <input type="checkbox"/> Visit / No Action <input type="checkbox"/> Onsite Visit <input type="checkbox"/> Other		Action Taken (check one) <input type="checkbox"/> License Suspended <input checked="" type="checkbox"/> Operational <input type="checkbox"/> Conditional <input type="checkbox"/> Withhold <input type="checkbox"/> Revoke <input type="checkbox"/> Other			
Is the Food Safety Plan onsite? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Plan last reviewed by Food Service Authority Date: 2024/2025 (exact date not noted)			

FOOD SAFETY PROGRAM

Food Service Authority Description		
Facility type(s) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Employee Information Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Types of equipment: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

WRITTEN STANDARD OPERATING PROCEDURE (SOP) (Review three)

SOP Components	SOP Name #5 Using and Calibrating Food Thermometers	SOP Name #21 Cleaning and Sanitizing Food Contact Surfaces	SOP Name #6 Facility and Equipment Maintenance
Policy and Procedure (may include critical limits)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Monitoring Instructions	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Recording Instructions	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Corrective Action Procedures	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Written Plan using HACCP principles Yes ☒ No ☐

Menu items categorized by process	Process 1 – No Cook	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Process 2 – Same Day Service	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Process 3 – Complex Food Preparation	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Each Process Identifies	Critical Control Points (CCP's)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Critical Limits Established	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

RECORDS REVIEW

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.

Date: 09/16/2024	Date: 10/01/2024	Date: 12/02/2024
Temperatures Monitored and Recorded	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Comments: Indicate exact date that SOPs were reviewed. Under SOP #21, the record is only being taken 1x a day for dishwasher temperature, which differs from the recording instructions
Temperature Record Accurate and Consistent	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Corrective Actions Documented	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Is an employee food safety training program in place?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

Starr Ys

Jim Ribble