

## SCHOOL FOOD SAFETY PROGRAM INSPECTION REPORT

School Name McFarland High School		School Address 5101 Farwell St. McFarland, WI 53558		County Dane	ID Number LICSCD-2010-0079
Person In Charge Staci Sturm		Contact Person Jacki Ribble (ribblej1@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 ☒ No ☐

Employee Information

Yes ☒ No ☐

Types of equipment:

Yes ☒ No ☐

### WRITTEN STANDARD OPERATING PROCEDURE (SOP) (Review three)

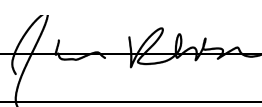
SOP Components	SOP Name #27 Reheating TCS- Leftovers/ Prior day prep	SOP Name #21 Cleaning and Sanitizing Food Contact Surfaces	SOP Name #7 Approved Food Source
Policy and Procedure (may include critical limits)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" 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: 3/5/25	Date: 9/13/25	Date: 10/23/25
Temperatures Monitored and Recorded	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Comments: Indicate exact date that SOPs were reviewed. 
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"/>	

Shana Yes