



DPI School Inspection Report

Inspection Information			
School Name MAUSTON GRAYSIDE ELEMENTARY	510 GRAYSIDE MAUSTON , WI 53948	HSAT-7QXMJX	Sanitarian Logan Manthe
Person In Charge	Contact Person	Telephone # ()-	Inspection Date (Current Date) 04/16/2024
School District Mauston	Operator Certified <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Name Of Operator	Inspection Type Second Inspection
Food Safety Plan Onsite <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Plan Last Reviewed By Food Service Authority 01/01/2024		

Food Safety Program	Employee Information	Types Of Equipment
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

Written Standard Operating Procedure (SOP) - (Review Three)	SOP Name	SOP Name	SOP Name
SOP Components	Recieving food	Handwashing procedure	Cooling food
(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

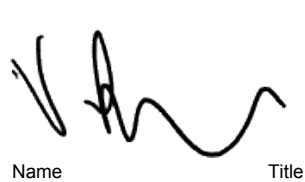
Written Plan Using HACCP Process Principles <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Comments
Menu Items Categorized by Process	Process 1 - No Cook <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Process 2 - Same Day Service <input type="checkbox"/> No <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
	04/15/2024	09/12/2023	09/09/2023
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			

Person in Charge

Sanitarian



Name

Title




Logan Manthe

(715) 421-8946



DPI School Inspection Report

Inspection Information			
School Name LYNDON STATION ELEMENTARY	508 GRAYSIDE AVE LYNDON STATION , WI 53948	HSAT-7QXC6M	Sanitarian Logan Manthe
Person In Charge	Contact Person	Telephone # ()-	Inspection Date (Current Date) 04/16/2024
School District Mauston	Operator Certified <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Name Of Operator	Inspection Type Second Inspection
Food Safety Plan Onsite <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Plan Last Reviewed By Food Service Authority 01/01/2024		

Food Safety Program	Employee Information	Types Of Equipment
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

Written Standard Operating Procedure (SOP) - (Review Three)	SOP Name	SOP Name	SOP Name
SOP Components	Calibrating theometers	Cooking process 2 foods	Hot holding time for temperature for safety food
(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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Comments
Menu Items Categorized by Process	<div>Process 1 - No Cook <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</div> <div>Process 2 - Same Day Service <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</div> <div>Process 3- Complex Food Preparation <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</div>
Each Process Identifies	<div>Critical Control Points (CCP's) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</div> <div>Critical Limits Established <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</div>

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
	01/04/2024	02/12/2024	10/20/2023
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			

Person in Charge

Sanitarian



Name

Title



Logan Manthe
(715) 421-8946



DPI School Inspection Report

Inspection Information			
School Name MAUSTON HIGH SCHOOL	800 GRAYSIDE AVE MAUSTON , WI	CDRY-8EZ2F	Sanitarian Logan Manthe
Person In Charge	Contact Person	Telephone # ()-	Inspection Date (Current Date) 04/16/2024
School District Mauston	Operator Certified <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Name Of Operator	Inspection Type Second Inspection
Food Safety Plan Onsite <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Plan Last Reviewed By Food Service Authority 01/01/2024		

Food Safety Program	Employee Information	Types Of Equipment
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

Written Standard Operating Procedure (SOP) - (Review Three)	SOP Name	SOP Name	SOP Name
SOP Components	Using an dcalibrating food thermometers	Storing food	Holding Time/ temp control for safety food
(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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Comments
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
	10/25/2023	11/15/2023	01/10/2024
Thermometers 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			
Discussed the need to start a thermometer calibration log for all thermometers used.			

Person in Charge

Sanitarian



Name

Title



Logan Manthe
(715) 421-8946



DPI School Inspection Report

Inspection Information			
School Name MAUSTON MIDDLE SCHOOL	508 GRAYSIDE MAUSTON , WI 53948	HSAT-7QXGRZ	Sanitarian Logan Manthe
Person In Charge	Contact Person	Telephone # ()-	Inspection Date (Current Date) 04/16/2024
School District Mauston	Operator Certified <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Name Of Operator	Inspection Type Second Inspection
Food Safety Plan Onsite <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Plan Last Reviewed By Food Service Authority 01/01/2024		

Food Safety Program	Employee Information	Types Of Equipment
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

Written Standard Operating Procedure (SOP)	SOP Name	SOP Name	SOP Name
- (Review Three)			
SOP Components	Cooling foods	Handwashing procedure	Glove use
(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	<div>Process 1 - No Cook <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</div> <div>Process 2 - Same Day Service <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</div> <div>Process 3- Complex Food Preparation <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</div>
Each Process Identifies	<div>Critical Control Points (CCP's) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</div> <div>Critical Limits Established <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</div>

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.

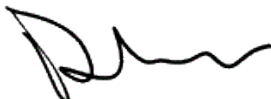
Records Review	Date	Date	Date
	03/15/2024	01/01/2024	12/13/2023
Temperatures monitored and recorded.	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> 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			

Person in Charge

Sanitarian



Name



Title



Logan Manthe
(715) 421-8946





DPI School Inspection Report

Inspection Information			
School Name WESTSIDE ELEMENTARY	512 GRAYSIDE AVE MAUSTON , WI 53948	VELT-CJVM2J	Sanitarian Logan Manthe
Person In Charge	Contact Person	Telephone # ()-	Inspection Date (Current Date) 04/16/2024
School District mauston	Operator Certified <input type="checkbox"/> No <input type="checkbox"/> Yes	Name Of Operator	Inspection Type Second Inspection
Food Safety Plan Onsite <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Plan Last Reviewed By Food Service Authority 01/01/2024		

Food Safety Program	Employee Information	Types Of Equipment
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

Written Standard Operating Procedure (SOP) - (Review Three)	SOP Name	SOP Name	SOP Name
SOP Components	employee health	handling food recalls	non food employees in kitchen
(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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Comments
Menu Items Categorized by Process	<div>Process 1 - No Cook <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</div> <div>Process 2 - Same Day Service <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</div> <div>Process 3- Complex Food Preparation <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</div>
Each Process Identifies	<div>Critical Control Points (CCP's) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</div> <div>Critical Limits Established <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</div>

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
	03/18/2024	03/11/2024	12/21/2023
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			

Person in Charge

Sanitarian



Name

Title



Logan Manthe
(715) 421-8946

