

SCHOOL FOOD SAFETY PROGRAM INSPECTION REPORT

School Name		School Address		County	ID Number
Person In Charge		Contact Person		Telephone Number	
Current Date	School District		Is operator certified? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Name of Certified Operator
Inspection Type (check one) <input 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 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 type="checkbox"/> No <input type="checkbox"/>			Plan last reviewed by Food Service Authority Date:		

FOOD SAFETY PROGRAM

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

WRITTEN STANDARD OPERATING PROCEDURE (SOP) (Review three

SOP Components	SOP Name	SOP Name	SOP Name
Policy and Procedure (may include critical limits)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Monitoring Instructions	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Recording Instructions	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Corrective Action Procedures	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Written Plan using HACCP principles Yes No

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

RECORDS REVIEW

Record three random dates within the last inspection period; give an overall review for each of the categories. "Yes" if in compliance, "No" if not in compliance, note in comments.

Date:		Date:		Date:	
Temperatures Monitored and Recorded		Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:		
Temperature Record Accurate and Consistent		Yes <input type="checkbox"/> No <input type="checkbox"/>			
Corrective Actions Documented		Yes <input type="checkbox"/> No <input type="checkbox"/>			
Is an employee food safety-training program in place?		Yes <input type="checkbox"/> No <input type="checkbox"/>			

INSPECTION NARRATIVE:

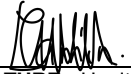
Facility Name	Date

I understand and agree to comply with the corrections ordered on this report. Correct violations by the next inspection or within the period specified in the report.



SIGNATURE - Person in-charge

Date Signed



SIGNATURE - Health Inspector

Date Signed