

## 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 over all review for each of the catagories. "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"/>	