

Minnesota Department of Health Food, Pools & Lodging Services Section P.O. Box 64975 St. Paul, MN 55164-0975 651-201-4500

Type: Full
Date: 09/14/18
Time: 10:05:00
Report: 6504181355

Food and Beverage Establishment Inspection Report

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Bridgewater Elementary

Vicki Malecha, Child Nut. Mana 401 Jefferson Parkway

Northfield, MN55057 Rice County, 66

License Categories:

FAIF, FBLB, HOSP, FBSC, FBC2

Expires on: 12/31/18

Establishment Info:

ID #: 0013901 Risk: High

Announced Inspection: No

Operator:

Ind. School District No. 659

Phone #: 5076643324

ID#: 15696

The violations listed in this report include any previously issued orders and deficiencies identified during this inspection. Compliance dates are shown for each item.

No NEW orders were issued during this inspection.

Total Critical Orders This Report: 0

Total Non-Critical Orders This Report: 0

WALK-IN COOLER: TURKEY SLICES: 37F; FREEZER: -6F MILK COOLER: 38F; #3: HAMBURGER PATTIES: 36F

ADDITIONAL FOOD MANGER CERTIFICATE: Lori Mullen FM35557 8-9-2021

REPORT E-MAILED TO: sstromme@northfieldschools.org

NOTE: All new food equipment must meet the applicable standards of NSF International. Plans and specifications must be submitted for review and approval prior to new construction, remodeling or alterations.

I acknowledge receipt of the Minnesota Department of Health inspection report number 6504181355 of 09/14/18.

Certified Food Manager: Victoria Malecha

Certification Number: <u>18787</u> Expires: <u>11/10/18</u>

Inspection report reviewed with person in charge and emailed.

Signed: E-MAIEZ

Victoria Malecha FSD Signed:

David W. Reimann, R.S. Environmental Health Spec. III Mankato District Office 507/344-2727 david.reimann@state.mn.us

	DEPARTMENT OF HEALTH	Minnesota Depar	tment of Health				No. of RF/F	HI Categories C	Out	0	Date 09	/14/1
	OF HEALTH	Food, Pools & Lo	dging Services Section		\vdash			eat RF/PHI Cate		0	Time In 10	
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	nse/Permit #		Permit Holder				pose of Inspec	tion	Est Type	1	Risk Categor	у
0013	3901		Ind. School District No. 659			Full					Н	
		FOODE	BORNE ILLNESS RISK FAC	CTOR	RS AI	ND P	UBLIC HEA	LTH INTERV	ENTIONS			
			tus (IN, OUT, N/O, N/A) for each numbered			!			"X" in appropriate box	for COS		1-6-
	N= in compliance	OUT= not in com	pliance N/O= not observed	1	·	t applica	Compliance S		site during inspection		R= repeat vio	_
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	IN)OUT		ble; duties & oversight						ating procedures for		olding	
		En	nployee Health			-		~	ng time & temperati		<u> </u>	
2 (1	N) OUT	Management aw	areness; policy present			19	IN OUT N/A(N	Proper hot h	olding temperature	s		T
3 (1	IN) OUT	<u> </u>	porting, restriction & exclusion				IN) OUT N/A	_	holding temperature			
			Hygenic Practices	, ,		21	IN) OUT N/A N	I/O Proper date	marking & dispositi	ion		
· \~	IN) OUT N/O	1	sting, drinking, or tobacco use m eyes, nose, and mouth			22	IN OUT N/A) N	I/O Time as a pu	ublic health control:	proce	dures & record	
5 (T	IN) OUT N/O		Contamination by Hands					Coi	nsumer Advisory			
6 (1	IN) OUT N/O	+		1 1		23	N/A in MN		dvisory for raw or u		ooked foods	
<u></u> >−	IN) OUT N/A N/O		h RTE foods restricted						usceptible Popula			
	IN) OUT	+	rashing facilities supplied & accessib	le		24	N/A in MN	Pasteurized	foods used; prohibi	ited for	ods not offered	
			proved Source	.4		25	IN OUT(N/A)	Food additiv	es: approved & pro	norly (unad	1
9 (1	IN) OUT	Food obtained from	om approved source	1 1			IN) OUT		es. approved & pro			+
0 1	IN OUT N/A N/O	Food received at	proper temperature			290	, 55.		e with Approved F			
1 (1	IN) OUT	Food in good cor	ndition, safe, & unadulterated			27	IN OUT(N/A)		with HACCP plan a			
2 1	IN OUT N/A) N/O	Dogwing dingeral	s available; shellstock tags,									_
	110 00 (10/A) 10/0	parasite destruct										
3 (1	IN) OUT N/A	1	from Contamination protected from cross contamination	1 1		Diek	factors (PF) an	a improper practi	ces or proceedures	s identi	fied as the most	
\rightarrow	IN) OUT N/A	· · · · · ·	faces: cleaned & sanitized			preva	alent contributin	g factors of foodl	oorne ilİness or inju	ry. Puk	olic Health Inter	ven
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		Proper disposition	n of returned previously served			(PHI)	are control me	asures to preven	t foodborne illness	or inju	ıy.	
15	N) OUT	Proper dispositio reconditioned, &	n of returned, previously served, unsafe food			(PHI)	are control me	asures to preven	t foodborne illness	or inju	ıy.	
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