

Type: Full  
Date: 09/14/18  
Time: 09:40:00  
Report: 6504181354**Food and Beverage Establishment  
Inspection Report**

Page 1

**Location:**Northfield High School  
Cecelia Green, Child Nutrition  
1400 Division Street South  
Northfield, MN55057  
Rice County, 66**License Categories:**

FAIF, FBLB, HOSP, FBSC, FBSS, FBC2

Expires on: 12/31/18

**Establishment Info:**ID #: 0013897  
Risk: High  
Announced Inspection: No**Operator:**

Ind. School District No. 659

Phone #: 5076630604  
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: 10F; #1: MILK: 35F; #3: 35F; #4: -3F; #5: 35F; #6: MILK: 40F;

#7: GLACAMOLE: 42F; #8: 41F; #9: 38F

COOK: CHICKEN: 177F (PRECOOKED PRODUCT)

QUAT: WIPING CLOTH SOLUTION: 400PPM

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 6504181354 of 09/14/18.

Certified Food Manager: Cecelia E. GreenCertification Number: 45210 Expires: 07/08/20**Inspection report reviewed with person in charge and emailed.**Signed: E-MAILEDCecelia Green  
FSDSigned: [Signature]David W. Reimann, R.S.  
Environmental Health Spec. III  
Mankato District Office  
507/344-2727  
david.reimann@state.mn.us

Report #: 6504181354

## Food Establishment Inspection Report



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

No. of RF/PHI Categories Out

0

Date 09/14/18

No. of Repeat RF/PHI Categories Out

0

Time In 09:40:00

Legal Authority MN Rules Chapter 4626

Time Out

Northfield High School

Address

Cecelia Green, Child Nutrition

City/State

Northfield, MN

Zip Code

55057

Telephone

5076630604

License/Permit #  
0013897

Permit Holder

Ind. School District No. 659

Purpose of Inspection

Full

Est Type

Risk Category

H

## FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/A) for each numbered item

Mark "X" in appropriate box for COS and/or R

IN= in compliance

OUT= not in compliance

N/A= not observed

N/A= not applicable

COS= corrected on-site during inspection

R= repeat violation

## Compliance Status

COS R

## Demonstration of Knowledge

1A	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A	Certified food manager, duties		
1B	<input checked="" type="radio"/> IN	<input type="radio"/> OUT		PIC knowledgeable; duties & oversight		

## Employee Health

2	<input checked="" type="radio"/> IN	<input type="radio"/> OUT		Management awareness; policy present		
3	<input checked="" type="radio"/> IN	<input type="radio"/> OUT		Proper use of reporting, restriction & exclusion		

## Good Hygienic Practices

4	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A	Proper eating, tasting, drinking, or tobacco use		
5	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A	No discharge from eyes, nose, and mouth		

## Preventing Contamination by Hands

6	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A	Hands clean & properly washed		
7	<input type="radio"/> IN	<input type="radio"/> OUT	N/A	Hand contact with RTE foods restricted		
8	<input checked="" type="radio"/> IN	<input type="radio"/> OUT		Adequate handwashing facilities supplied & accessible		

## Approved Source

9	<input checked="" type="radio"/> IN	<input type="radio"/> OUT		Food obtained from approved source		
10	<input type="radio"/> IN	<input type="radio"/> OUT	N/A	Food received at proper temperature		
11	<input checked="" type="radio"/> IN	<input type="radio"/> OUT		Food in good condition, safe, & unadulterated		
12	<input type="radio"/> IN	<input type="radio"/> OUT	N/A	Required records available; shellstock tags, parasite destruction		

## Protection from Contamination

13	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A	Food separated/protected from cross contamination		
14	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A	Food contact surfaces: cleaned & sanitized		
15	<input checked="" type="radio"/> IN	<input type="radio"/> OUT		Proper disposition of returned, previously served, reconditioned, & unsafe food		

## Compliance Status

COS R

## Potentially Hazardous Food Time/Temperature

16	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A	Proper cooking time & temperature		
17	<input type="radio"/> IN	<input type="radio"/> OUT	N/A	Proper reheating procedures for hot holding		
18	<input type="radio"/> IN	<input type="radio"/> OUT	N/A	Proper cooling time & temperature		
19	<input type="radio"/> IN	<input type="radio"/> OUT	N/A	Proper hot holding temperatures		
20	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A	Proper cold holding temperatures		
21	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A	Proper date marking & disposition		
22	<input type="radio"/> IN	<input type="radio"/> OUT	N/A	Time as a public health control: procedures & record		

## Consumer Advisory

23	N/A in MN	Consumer advisory for raw or undercooked foods		
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## Highly Susceptible Populations

24	N/A in MN	Pasteurized foods used; prohibited foods not offered		
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## Chemical

25	<input type="radio"/> IN	<input type="radio"/> OUT	N/A	Food additives: approved & properly used		
26	<input checked="" type="radio"/> IN	<input type="radio"/> OUT		Toxic substances properly identified, stored, & used		

## Conformance with Approved Procedures

27	<input type="radio"/> IN	<input type="radio"/> OUT	N/A	Compliance with HACCP plan and variance		
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**Risk factors (RF)** are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. **Public Health Interventions (PHI)** are control measures to prevent foodborne illness or injury.

## GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Mark "X" in box if numbered item is not in compliance

Mark "X" in appropriate box for COS and/or R

COS= corrected on-site during inspection

R= repeat violation

## Safe Food and Water

28		Pasteurized eggs used where required		
29		Water & ice from approved source		
30	N/A	Variance obtained for specialized processing methods, documentation on file		

## Food Temperature Control

31		Proper cooling methods used; adequate equipment for temperature control		
32	N/A	Plant food properly cooked for hot holding		
33		Approved thawing methods used		
34		Thermometers provided and accurate		

## Food Protection

35		Food properly labeled; original container		
36		Insects, rodents, & animals not present; no unauthorized persons		
37		Contamination prevented during food prep, storage & display		
38		Personal cleanliness		
39		Wiping cloths: properly used & stored		
40		Washing fruits & vegetables		

Food Recalls: \_\_\_\_\_

## Proper Use of Utensils

41		In-use utensils: properly stored		
42		Utensils, equipment & linens: properly stored, dried, & handled		
43		Single-use & single service articles: properly stored & used		
44		Gloves used properly		

## Utensil Equipment and Vending

45		Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
46		Warewashing facilities: installed, maintained, & used; test strips		
47		Non-food contact surfaces clean		

## Physical Facilities

48		Hot & cold water available; adequate pressure		
49		Plumbing installed; proper backflow devices		
50		Sewage & waste water properly disposed		
51		Toilet facilities: properly constructed, supplied, & cleaned		
52		Garbage & refuse properly disposed; facilities maintained		
53		Physical facilities installed, maintained, & clean		
54		Adequate ventilation & lighting; designated areas used		
55		Compliance with MCIAA & Choking Poster		
56		Compliance with licensing & plan review		

Person in Charge (Signature)

E-mailed

Date: 09/14/18

Inspector (Signature)

[Signature]

Follow-up Needed: YES ☒ NO (Circle one)

Follow-up Date: / /