

Minnesota Department of Health Environmental Health Division 12 Civic Center Plaza Mankato 507-344-2727

Type: Full
Date: 09/27/24
Time: 11:49:00
Report: 6504241091

## Food and Beverage Establishment Inspection Report

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Greenvale Park Elementary 500 Lincoln Parkway Northfield, MN55057 Rice County, 66

**License Categories:** 

HOSP, FBLB, FBSC, FBC2

Expires on: 12/31/24

Establishment Info:

ID #: 0036480 Risk: Medium

Announced Inspection: No

Operator:

Ind. School District - Northfi

Phone #: 5076453509

ID#: 54160

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 Orders In This Report Priority 1 Priority 2 Priority 3
0 0 0

WALK-IN COOLER: 36F; WALK-IN FREEZER: -5F; TRUE REFRIGERATOR: 36F; MILK COOLER: 36F; HOT HOLD: SPAGHETTI SAUCE: 159F, 166F; COLD LINE: SALAD: 41F; DISH WASHER UTENSIL SURFACE TEMPERATURE: 163F WITH DISK.

REPORT E-MAILED TO: sstromme@northfieldschools.org

NOTE: 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 6504241091 of 09/27/24.

Certified Food Protection Manager Lindsey M. Dietiker

Certification Number: 84982 Expires: 07/15/25

Inspection report reviewed with person in charge and emailed.

Signed: Emailed

Lindsey Dietiker

**FSD** 

Signed:\_\_\_

David Reimann Environmental Health Specialist Mankato District Office 507-344-2727

david.reimann@state.mn.us

1000	Minnesota Depa	Food Establis						I Categories C		0	Date 09	9/27/
	Environmental Health Division 12 Civic Center Plaza Mankato			No. of Repeat RF/PHI Categories Out			gories Out	0	Time In 11:49:0			
DEPARTMENT OF HEALTH									Chapter 4626		Time Out	Out
Greenvale Park Eler	mentary	Address 500 Lincoln Parkway		"		y/State			Zip Code 55057		<b>phone</b> 6453509	
License/Permit #		Permit Holder					of Inspection	on	Est Type		Risk Catego	ry
0036480		Ind. School District - Northfi			Ful		<u> </u>				М	
		BORNE ILLNESS RISK FAC		RS A	ND P	UBL	IC HEAL					
Circle des	signated compliance sta OUT= not in con	atus (IN, OUT, N/O, N/A) for each numbered npliance N/O= not observed		M/A = n	ot applica	ahla	cc		"X" in appropriate bos -site during inspection		S and/or R R= repeat vi	olatio
'		N/O= Not observed	1				pliance St		-site during inspection		K= repeat vi	
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	·	mployee Health			-		$\rightarrow$	4	ing time & tempera		oluling	+
3 (IN) OUT	Mgmt/Staff;know	ledge,responsibilities&reporting				$\overline{}$	$\overline{}$	4	nolding temperature			+
4 (IN) OUT	Proper use of rep	porting, restriction & exclusion				$\sim$	UT N/A	<u> </u>	holding temperatu			+
		sponding to vomiting & diarrheal				${ extstyle -}$	UT N/A N/C	<u> </u>	marking & disposi			
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6 (IN) OUT N/O		Hygenic Practices		$\vdash$	4	0		<u> </u>	nsumer Advisorv			
- 14/C	<u> </u>	sting, drinking, or tobacco use m eyes, nose, & mouth		$\forall$	25	IN O	UT(N/A)		advisory provided for		indercooked foo	d
, IN OUT 1N/C	- 1	Contamination by Hands	1			0			Susceptible Popul			
8 IN) OUT N/	O Hands clean & p	•			26	IN O	UT(N/A)		foods used; prohil		ods not offered	
	No bare hand co	ntact with RTE foods or pre-approved		$\Box$					Color Additives ar			
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10 IN OUT	<u> </u>	vashing sinks supplied/accessible			28	IN) O	UT		ances properly ider			
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1(IN) OUT		om approved source	_		29	IN O	UT(N/A)	Compliance	with variance/spec	cialized	process/HACCI	P
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