

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

Type: Full 03/12/25 Date: Time: 12:01:00 Report: 6504251085

Food and Beverage Establishment Inspection Report

Page 1

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

License Categories:

HOSP, FBLB, FBSC, FBC2

Expires on: 12/31/25

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 3 Priority 2 0 0

WALK-IN COOLER #1: 32F; WALK-IN FREEZER #2: -9F; TRUE REFRIGERATOR ##: 34F; MILK COOLER: 31F; DISH WASHER UTENSIL SURFACE TEMPERATURE: 169F WITH DISK; HOT HOOD: PIZZA, 146F: BROCCOLI, 164F.

REPORT E-MAILED TO: sstromme@northfieldschools.oorg

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 6504251085 of 03/12/25.

Certified Food Protection Manager Lindsey M. Dietiker

__ Expires: <u>07/</u>15/25 Certification Number: 84982

Inspection report reviewed with person in charge and emailed.

-mailed Signed:

Lindsey Dietiker

FSD

Signed:

David Reimann **Environmental Health Specialist** Mankato District Office 507-317-0760

david.reimann@state.mn.us

	Minnesota Depa	Food Establis					PHI Categories (0	Date 03	/12/
	Environmental Health Division 12 Civic Center Plaza			No. of Repeat RF/PHI Cate			gories Out	0	Time In 12		
DEPARTMENT OF HEALTH	Mankato	F Ia2d					hority MN Rules			Time Out	
Greenvale Park Elen	nentary	Address 500 Lincoln Parkway			City/S North	State Ifield, MN		Zip Code 55057		phone 6453509	
License/Permit #		Permit Holder				ose of Inspe	ection	Est Type	1 00.	Risk Categor	у
0036480		Ind. School District - Northfi			Full					М	
		BORNE ILLNESS RISK FAC		RS A	ND PU	BLIC HE					
Circle des	signated compliance sta OUT= not in cor	atus (IN, OUT, N/O, N/A) for each numbered npliance N/O= not observed		J/A – no	ot applicable	Α.		"X" in appropriate box -site during inspection		and/or R R= repeat vio	latio
Compliance S		1902 1101 00001 100				ompliance		one during inopeduali		K= Topout Vic	C
Compliance 3	latus	Surpervision	cos	, r		omphance		mperature Contro	l for Sa	fetv	10
1 (IN) OUT	PIC knowledgeal	ple; duties & oversight			18 IN	OUT N/A	~.	ing time & tempera		lioty	Т
2 IN OUT N/A		tection manager, duties				OUT N/A	<u> </u>	ating procedures fo		olding	T
		mployee Health			20 IN	OUT N/A	N/O Proper cooli	ng time & temperat	ture		
3 (IN) OUT	-	ledge,responsibilities&reporting			21 IN	OUT N/A	N/O Proper hot h	olding temperature	es		
4 (IN) OUT	<u> </u>	porting, restriction & exclusion			22 IN	OUT N/A	Proper cold	holding temperatur	es		
N OUT	Procedures for re events	sponding to vomiting & diarrheal				OUT N/A		marking & disposit			L
		Hygenic Practices			24 IN	OUT(N/A)		ublic health control	: proced	dures & records	
		sting, drinking, or tobacco use		\square				nsumer Advisory		,	
7 IN OUT N/C		m eyes, nose, & mouth			25 IN	I OUT(N/A)		dvisory provided fo		ndercooked foo	1
QUIT	Preventing O Hands clean & p	Contamination by Hands			26 IN	I OUT(N/A)		foods used; prohib		nds not offered	
<u> </u>	- '	roperly washed intact with RTE foods or pre-approved	\vdash	\dashv	20 11	. 55 (14/7)		color Additives an			
9 IN OUT N/A N/		dure properly followed			27(IN	OUT N/A		es: approved & pro			
10 IN OUT		ashing sinks supplied/accessible			28(IN	ООТ		ances properly iden			Ι
		proved Source					Conformanc	e with Approved	Proced	ures	
1 (IN) OUT		om approved source		-	29(IN	OUT N/A	Compliance	with variance/spec	ialized	process/HACCF	
12 IN OUT N/A N/O	4	proper temperature		_							
13(IN) OUT	Food in good cor	ndition, safe, & unadulterated									
$\overline{}$	D	9-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-									
14 IN OUT(N/A) N/0		available; shellstock tags,			Dick fo	otors (BE) o	uro impropor proof	ions or propositive	a idantii	fied as the most	
14 IN OUT N/A N/O	parasite destructi	ion			Risk fa	actors(RF) a	re improper pract	ices or proceedure borne illness or inju	s identil	fied as the most	vent
11 00 (10/2) 10/0	Protection f	rom Contamination			prevale	ent contributi	ng factors of food	ices or proceedure borne illness or inju t foodborne illness	ıry. Pub	lic Health Inter	vent
15 IN OUT N/A N/	Protection f Food separated	rom Contamination			prevale	ent contributi	ng factors of food	borne ilİness or inju	ıry. Pub	lic Health Inter	vent
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