



Mankato District Office  
Minnesota Department of Health  
12 Civic Center Plaza, Suite 2105  
Mankato, MN 56001  
Phone: 651-201-4500

## Food & Beverage Inspection Report

Page: 1

### Establishment Info

Northfield High School  
Cecelia Green, Child Nutrition  
1400 Division Street South  
Northfield, MN 55057  
Rice County  
Parcel:  
  
Phone: 5076630604  
sstromme@northfieldschools.org

### License Info

License: 0013897  
Stephanie Stromme  
Risk: High  
License: FAIF-1, FBLB-1, HOSP-1,  
FBSC-1, FBSS-1, FBC2-1  
Expires on: 12/31/2025  
CFPM: Cecelia Green  
CFPM #: 45210; Exp: 07/10/2026

### Inspection Info

Report Number: F6504251211  
Inspection Type: Full - Single  
Date: 9/19/2025 Time: 11:25:30 AM  
Duration: minutes  
Announced Inspection: No  
Total Priority 1 Orders: 0  
Total Priority 2 Orders: 0  
Total Priority 3 Orders: 0  
Delivery: Emailed

No orders were issued for this inspection report.

**NOTE: All new food equipment must meet the applicable standards of the American National Standards Institute (ANSI). Plans and specifications must be submitted for review and approval prior to new construction, remodeling or alterations.**

**I acknowledge receipt of the Mankato District Office inspection report number F6504251211 from 9/19/2025**

Cecelia Green  
FSD

Dave Reimann,  
Public Health Sanitarian 3  
507-344-2727  
david.reimann@state.mn.us



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## Temperature Observations/Recordings

Page: 1

### Establishment Info

Northfield High School  
Northfield  
County/Group: Rice County

### Inspection Info

Report Number: F6504251211  
Inspection Type: Full  
Date: 9/19/2025  
Time: 11:25:30 AM

**Equipment Temperature:** Product/Item/Unit: ; Temperature Process: Cold-Holding

**Location:** Walk-in Cooler at 38 Degrees F.

Comment:

Violation Issued?: No

**Equipment Temperature:** Product/Item/Unit: ; Temperature Process: Cold-Holding

**Location:** Walk-in Freezer at 2 Degrees F.

Comment:

Violation Issued?: No

**Equipment Temperature:** Product/Item/Unit: ; Temperature Process: Cold-Holding

**Location:** TRAULSEN #3 Upright Cooler at 35 Degrees F.

Comment:

Violation Issued?: No

**Equipment Temperature:** Product/Item/Unit: ; Temperature Process: Cold-Holding

**Location:** TRAULSEN #4 Upright Freezer at 1 Degrees F.

Comment:

Violation Issued?: No

**Equipment Temperature:** Product/Item/Unit: ; Temperature Process: Cold-Holding

**Location:** TRAULSEN #5 Upright Cooler at 40 Degrees F.

Comment:

Violation Issued?: No

**Equipment Temperature:** Product/Item/Unit: ; Temperature Process: Cold-Holding

**Location:** NORLAKE GLASS DOOR Refrigerator at 35 Degrees F.

Comment:

Violation Issued?: No

**Food Temperature:** Product/Item/Unit: CHICKEN; Temperature Process: Hot-Holding

**Location:** Serving Line at 141 Degrees F.

Comment:

Violation Issued?: No

**Food Temperature:** Product/Item/Unit: PIZZA; Temperature Process: Hot-Holding

**Location:** Serving Line at 154 Degrees F.

Comment:

Violation Issued?: No



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## Sanitizer Observations/Recordings

Page: 1

### Establishment Info

Northfield High School  
Northfield  
County/Group: Rice County

### Inspection Info

Report Number: F6504251211  
Inspection Type: Full  
Date: 9/19/2025  
Time: 11:25:30 AM

**Sanitizing Equipment:** Product: Hot Water; **Sanitizing Process:** Dish Machine

**Location:** Dishwashing Area **Equal To** 187 Degrees F.

Comment: WITH DISK

Violation Issued?: No

## Food Establishment Inspection Report

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Minnesota Department of Health  
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|                                          |                                            |                                |               |                        |
|------------------------------------------|--------------------------------------------|--------------------------------|---------------|------------------------|
| Establishment:<br>Northfield High School | Address:<br>Cecelia Green, Child Nutrition | City/State:<br>Northfield, MN  | Zip:<br>55057 | Phone:<br>5076630604   |
| License/Permit #:<br>0013897             | Permit Holder:<br>Stephanie Stromme        | Purpose of Inspection:<br>Full | Est. Type:    | Risk Category:<br>High |

## FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Designated compliance status (IN, OUT, N/O, N/A) for each numbered item

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

IN=in compliance OUT=not in compliance N/O=not observed N/A=not applicable

COS=corrected on-site during inspection R=repeat violation

| Compliance Status                 |     |                                                                                 | COS | R |
|-----------------------------------|-----|---------------------------------------------------------------------------------|-----|---|
| Supervision                       |     |                                                                                 |     |   |
| 1                                 | IN  | Person in charge present, demonstrate knowledge and performs duties             |     |   |
| 2                                 | IN  | Certified Food Protection Manager                                               |     |   |
| Employee Health                   |     |                                                                                 |     |   |
| 3                                 | IN  | knowledge, responsibilities, and reporting                                      |     |   |
| 4                                 | IN  | Proper use of restriction and exclusion                                         |     |   |
| 5                                 | IN  | Response to vomiting, diarrheal events                                          |     |   |
| Good Hygienic Practices           |     |                                                                                 |     |   |
| 6                                 | IN  | Proper eating, tasting, drinking, tobacco use                                   |     |   |
| 7                                 | IN  | No discharge from eyes, nose, and mouth                                         |     |   |
| Preventing Contamination by Hands |     |                                                                                 |     |   |
| 8                                 | IN  | Hands clean and properly washed                                                 |     |   |
| 9                                 | IN  | No bare hand contact with RTE foods, alternatives                               |     |   |
| 10                                | IN  | Adequate handwashing sinks supplied and access                                  |     |   |
| Approved Source                   |     |                                                                                 |     |   |
| 11                                | IN  | Food obtained from approved source                                              |     |   |
| 12                                | N/O | Food Received at proper temperature                                             |     |   |
| 13                                | IN  | Food in good condition, safe & unadulterated                                    |     |   |
| 14                                | N/A | Records available: shellstock tags, parasite dest.                              |     |   |
| Protection From Contamination     |     |                                                                                 |     |   |
| 15                                | IN  | Food separated and protected                                                    |     |   |
| 16                                | IN  | Food-contact surfaces; cleaned & sanitized                                      |     |   |
| 17                                | IN  | Proper Disposition of returned, previously served, reconditioned, & unsafe food |     |   |

| Compliance Status                         |     |                                                              | COS | R |
|-------------------------------------------|-----|--------------------------------------------------------------|-----|---|
| Time/Temperature Control for Safety       |     |                                                              |     |   |
| 18                                        | N/O | Proper cooking time & temperatures                           |     |   |
| 19                                        | N/O | Proper reheating procedures for hot holding                  |     |   |
| 20                                        | N/O | Proper cooling time and temperature                          |     |   |
| 21                                        | IN  | Proper hot holding temperatures                              |     |   |
| 22                                        | IN  | Proper cold holding temperatures                             |     |   |
| 23                                        | IN  | Proper date marking & disposition                            |     |   |
| 24                                        | N/A | Time as public health control; procedures & record           |     |   |
| Consumer Advisory                         |     |                                                              |     |   |
| 25                                        | N/A | Consumer advisory provided for raw or undercooked foods      |     |   |
| Highly Susceptible Populations            |     |                                                              |     |   |
| 26                                        | N/A | Pasteurized foods used; prohibited foods not offered         |     |   |
| Food/Color Additives and Toxic Substances |     |                                                              |     |   |
| 27                                        | N/A | Food additives; approved & properly used                     |     |   |
| 28                                        | N/A | Toxic substances properly identified; stored; used           |     |   |
| Conformance with Approved Procedures      |     |                                                              |     |   |
| 29                                        | IN  | Compliance with variance, specialized processes & HACCP plan |     |   |

**Risk factors** are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health interventions 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" or OUT 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

| Compliance Status                |     |                                                                         | COS | R |
|----------------------------------|-----|-------------------------------------------------------------------------|-----|---|
| Safe Food and Water              |     |                                                                         |     |   |
| 30                               | N/A | Pasteurized eggs used where required                                    |     |   |
| 31                               |     | Water & ice from approved source                                        |     |   |
| 32                               | N/A | Variance obtained for specialized processing methods                    |     |   |
| Food Temperature Control         |     |                                                                         |     |   |
| 33                               |     | Proper cooling methods used; adequate equipment for temperature control |     |   |
| 34                               | N/O | Plant food properly cooked for hot holding                              |     |   |
| 35                               | IN  | Approved thawing methods used                                           |     |   |
| 36                               |     | Thermometers provided & accurate                                        |     |   |
| Food Identification              |     |                                                                         |     |   |
| 37                               |     | Food properly labeled; original container                               |     |   |
| Prevention of Food Contamination |     |                                                                         |     |   |
| 38                               |     | Insects, rodents, & animals not present; no unauthorized person         |     |   |
| 39                               |     | Contamination prevented during food prep, storage, & display            |     |   |
| 40                               |     | Personal cleanliness                                                    |     |   |
| 41                               |     | Wiping cloths: properly used & stored                                   |     |   |
| 42                               |     | Washing fruits & vegetables                                             |     |   |

| Compliance Status               |  |                                                                                    | COS | R |
|---------------------------------|--|------------------------------------------------------------------------------------|-----|---|
| Proper Use of Utensils          |  |                                                                                    |     |   |
| 43                              |  | In-use utensils; Properly stored                                                   |     |   |
| 44                              |  | Utensils, equipment & linens; properly stored, dried, handled                      |     |   |
| 45                              |  | Single-use & single-service articles, properly stored and used                     |     |   |
| 46                              |  | Gloves used properly                                                               |     |   |
| Utensils, Equipment and Vending |  |                                                                                    |     |   |
| 47                              |  | Food & non-food contact surfaces cleanable, properly designed, constructed, & used |     |   |
| 48                              |  | Warewashing facilities: installed, maintained, used; test strips                   |     |   |
| 49                              |  | Non-food contact surfaces clean                                                    |     |   |
| Physical Facilities             |  |                                                                                    |     |   |
| 50                              |  | Hot & cold water available; adequate pressure                                      |     |   |
| 51                              |  | Plumbing installed; proper backflow devices                                        |     |   |
| 52                              |  | Sewage & waste water properly disposed                                             |     |   |
| 53                              |  | Toilet facilities; properly constructed, supplied & cleaned                        |     |   |
| 54                              |  | Garbage & refuse properly disposed; facilities maintained                          |     |   |
| 55                              |  | Physical facilities installed, maintained & clean                                  |     |   |
| 56                              |  | Adequate ventilation & lighting; designated areas used                             |     |   |
| 57                              |  | Compliance with MCIAA                                                              |     |   |
| 58                              |  | Compliance with licensing and plan review                                          |     |   |

Person in Charge (signature)

Inspector (signature)

*DW Reimann*

Follow-up:

Follow-up Date: