



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

Type: Full
 Date: 02/10/22
 Time: 10:37:00
 Report: 6504221025

Food and Beverage Establishment Inspection Report

Page 1

Location:

Bridgewater Elementary
 Vicki Malecha, Child Nut. Mana
 401 Jefferson Parkway
 Northfield, MN55057
 Rice County, 66

Establishment Info:

ID #: 0013901
 Risk: High
 Announced Inspection: No

License Categories:

FAIF, FBLB, HOSP, FBSC, FBC2

Expires on: 12/31/22

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

WALK-IN COOLER: 31F; WALK-IN FREEZER: -7F; HOBART: 32F; DISH WASHER RINSE: 165F WITH DISK; WIPING CLOTH QUAT: 500PPM
 REPORT EM-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 MN Department of Health inspection report number 6504221025 of 02/10/22.

Certified Food Protection Manager: Maria Kylo

Certification Number: 64139 Expires: 08/11/24

Inspection report reviewed with person in charge and emailed.

Signed: E-mailed
 Maria A. Kylo
 FSD

Signed: [Signature]
 David W. Reimann R.S.
 Environmental Health Spec III
 Mankato District Office
 507-344-2727
 david.reimann@state.mn.us

Report #: 6504221025

Food Establishment Inspection Report



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

No. of RF/PHI Categories Out 0

Date 02/10/22

No. of Repeat RF/PHI Categories Out 0

Time In 10:37:00

Legal Authority MN Rules Chapter 4626

Time Out

Bridgewater Elementary
Address Vicki Malecha, Child Nut. Mana

City/State Northfield, MN

Zip Code 55057

Telephone 5076643324

License/Permit # 0013901

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/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 OUT | | |
| 2 | IN OUT N/A | | |
| Employee Health | | | |
| 3 | IN OUT | | |
| 4 | IN OUT | | |
| 5 | IN OUT | | |
| Good Hygienic Practices | | | |
| 6 | IN OUT N/O | | |
| 7 | IN OUT N/O | | |
| Preventing Contamination by Hands | | | |
| 8 | IN OUT N/O | | |
| 9 | IN OUT N/A N/O | | |
| 10 | IN OUT | | |
| Approved Source | | | |
| 11 | IN OUT | | |
| 12 | IN OUT N/A N/O | | |
| 13 | IN OUT | | |
| 14 | IN OUT N/A N/O | | |
| Protection from Contamination | | | |
| 15 | IN OUT N/A N/O | | |
| 16 | IN OUT N/A | | |
| 17 | IN OUT | | |

| Compliance Status | | COS | R |
|------------------------------------------------------|----------------|-----|---|
| Time/Temperature Control for Safety | | | |
| 18 | IN OUT N/A N/O | | |
| 19 | IN OUT N/A N/O | | |
| 20 | IN OUT N/A N/O | | |
| 21 | IN OUT N/A N/O | | |
| 22 | IN OUT N/A | | |
| 23 | IN OUT N/A N/O | | |
| 24 | IN OUT N/A N/O | | |
| Consumer Advisory | | | |
| 25 | IN OUT N/A | | |
| Highly Susceptible Populations | | | |
| 26 | IN OUT N/A | | |
| Food and Color Additives and Toxic Substances | | | |
| 27 | IN OUT N/A | | |
| 28 | IN OUT | | |
| Conformance with Approved Procedures | | | |
| 29 | IN OUT N/A | | |

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

| Compliance Status | | COS | R |
|-----------------------------------------|----------------|-----|---|
| Safe Food and Water | | | |
| 30 | IN OUT N/A | | |
| 31 | | | |
| 32 | IN OUT N/A | | |
| Food Temperature Control | | | |
| 33 | | | |
| 34 | IN OUT N/A N/O | | |
| 35 | IN OUT N/A N/O | | |
| 36 | | | |
| Food Identification | | | |
| 37 | | | |
| Prevention of Food Contamination | | | |
| 38 | | | |
| 39 | | | |
| 40 | | | |
| 41 | | | |
| 42 | | | |

| Compliance Status | | COS | R |
|--------------------------------------|--|-----|---|
| Proper Use of Utensils | | | |
| 43 | | | |
| 44 | | | |
| 45 | | | |
| 46 | | | |
| Utensil Equipment and Vending | | | |
| 47 | | | |
| 48 | | | |
| 49 | | | |
| Physical Facilities | | | |
| 50 | | | |
| 51 | | | |
| 52 | | | |
| 53 | | | |
| 54 | | | |
| 55 | | | |
| 56 | | | |
| 57 | | | |
| 58 | | | |

Food Recalls:

Person in Charge (Signature) E. mailed

Date: 02/10/22

Inspector (Signature) [Signature]