



MN Department of Health  
 FPLSS  
 P.O. Box 64975  
 St. Paul, MN 55164-0975  
 651/201-4500

Type: Full  
 Date: 09/15/20  
 Time: 11:00:00  
 Report: 6504201245

## Food and Beverage Establishment Inspection Report

Page 1

**Location:**

Sibley Elementary  
 Lori Malecha, Kitchen Mgr.  
 1400 Maple Street  
 Northfield, MN55057  
 Rice County, 66

**Establishment Info:**

ID #: 0013899  
 Risk: High  
 Announced Inspection: No

**License Categories:**

FAIF, FBLB, HOSP, FBSC, FBC2

Expires on: 12/31/20

**Operator:**

Ind. School District No. 659

Phone #: 5076453490  
 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.

The following orders were issued during this inspection.

**6-200 Physical Facility Design and Construction**

**6-201.11A**

MN Rule 4626.1335A Design, construct, and install floors, floor coverings, walls, wall coverings, and ceilings to be smooth and easily cleanable.

**FINISH THE EDGE OF THE WALL WHERE IT ABUTS THE WALK-IN UNIT TO BE SMOOTH AND EASILY CLEANABLE.**

*Comply By: 10/02/20*

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

WALK-IN COOLER #1, 36F; WALK-IN FREEZER #2, -6F; TRUE #3, 36F  
 POST A HAND WASHING SING IN THE RESTROOM.

REPORT E-MAILED TO: [ssstromme@northfieldschools.org](mailto:ssstromme@northfieldschools.org)

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Sibley Elementary

# Food and Beverage Establishment Inspection Report

**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 6504201245 of 09/15/20.

Certified Food Protection Manager Lori Malecha

Certification Number: 79696 Expires: 07/16/24

**Inspection report reviewed with person in charge and emailed.**

Signed: E-mailed  
Lori Malecha

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

Report #: 6504201245

# Food Establishment Inspection Report



MN Department of Health  
FPLSS  
P.O. Box 64975  
St. Paul, MN 55164-0975

No. of RF/PHI Categories Out 0

Date 09/15/20

No. of Repeat RF/PHI Categories Out 0

Time In 11:00:00

Legal Authority MN Rules Chapter 4626

Time Out

Sibley Elementary	Address Lori Malecha, Kitchen Mgr.	City/State Northfield, MN	Zip Code 55057	Telephone 5076453490
License/Permit # 0013899	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
<b>Supervision</b>					
1	IN	OUT	PIC knowledgeable; duties & oversight		
2	IN	OUT N/A	Certified food protection manager, duties		
<b>Employee Health</b>					
3	IN	OUT	Mgmt/Staff; knowledge, responsibilities & reporting		
4	IN	OUT	Proper use of reporting, restriction & exclusion		
5	IN	OUT	Procedures for responding to vomiting & diarrheal events		
<b>Good Hygienic Practices</b>					
6	IN	OUT N/O	Proper eating, tasting, drinking, or tobacco use		
7	IN	OUT N/O	No discharge from eyes, nose, & mouth		
<b>Preventing Contamination by Hands</b>					
8	IN	OUT N/O	Hands clean & properly washed		
9	IN	OUT N/A N/O	No bare hand contact with RTE foods or pre-approved alternate procedure properly followed		
10	IN	OUT	Adequate handwashing sinks supplied/accessible		
<b>Approved Source</b>					
11	IN	OUT	Food obtained from approved source		
12	IN	OUT N/A N/O	Food received at proper temperature		
13	IN	OUT	Food in good condition, safe, & unadulterated		
14	IN	OUT N/A N/O	Required records available; shellstock tags, parasite destruction		
<b>Protection from Contamination</b>					
15	IN	OUT N/A N/O	Food separated and protected		
16	IN	OUT N/A	Food contact surfaces: cleaned & sanitized		
17	IN	OUT	Proper disposition of returned, previously served, reconditioned, & unsafe food		

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

**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
<b>Safe Food and Water</b>					
30	IN	OUT N/A	Pasteurized eggs used where required		
31			Water & ice obtained from an approved source		
32	IN	OUT N/A	Variance obtained for specialized processing methods		
<b>Food Temperature Control</b>					
33			Proper cooling methods used; adequate equipment for temperature control		
34	IN	OUT N/A N/O	Plant food properly cooked for hot holding		
35	IN	OUT N/A N/O	Approved thawing methods used		
36			Thermometers provided & accurate		
<b>Food Identification</b>					
37			Food properly labeled; original container		
<b>Prevention of Food Contamination</b>					
38			Insects, rodents, & animals not present		
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
<b>Proper Use of Utensils</b>					
43			In-use utensils: properly stored		
44			Utensils, equipment & linens: properly stored, dried, & handled		
45			Single-use/single service articles: properly stored & used		
46			Gloves used properly		
<b>Utensil Equipment and Vending</b>					
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		
<b>Physical Facilities</b>					
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	X		Physical facilities installed, maintained, & clean		
56			Adequate ventilation & lighting; designated areas used		
57			Compliance with MCIAA		
58			Compliance with licensing & plan review		

Food Recalls:

Person in Charge (Signature) *E. Mailed*

Date: 09/15/20

Inspector (Signature) *[Signature]*