

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

Type: Full
Date: 03/12/25
Time: 11:05:00

Food and Beverage Establishment Inspection Report

Page 1

Location:

Report:

Northfield Middle School Vicki McKay, Child Nutrition M 2200 Division Street South Northfield, MN55057 Rice County, 66

6504251083

License Categories:

FAIF, FBLB, HOSP, FBSC, FBSW, FBC2

Expires on: 12/31/25

Establishment Info:

ID #: 0013898 Risk: High

Announced Inspection: No

Operator:

Ind. School District No. 659

Phone #: 5076630668

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

WALK-IN COOLER: 30F; WALK-IN FREEZER: -7F; MILK COOLER: 32F; TRAULSEN: #4, 34F: #3, 31F: #5, 32F; DISH WASHER UTENSIL SURFACE TEMPERATURE: 160F WITH THERMOLABEL; HOT HOLD: BROCCOLLI: 171F: COLD LINE: CUT FRUIT, 38F. 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 6504251083 of 03/12/25.

Certified Food Protection Manager: Victoria L. McKay

Certification Number: 18787 Expires: 08/15/26

Inspection report reviewed with person in charge and emailed.

Signed: F-MAILES

Victoria McKay FSD Signed:

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

david.reimann@state.mn.us

MA	Minnesota Depa	Food Establis					PHI Categories 0		0	Date 03	3/12/
	Environmental Health Division 12 Civic Center Plaza Mankato					No. of Repeat RF/PHI Categories Out			0	Time In 11:05:0	
DEPARTMENT OF HEALTH				Legal Authority MN Rules Chapter 4626						Time Out	
Northfield Middle Sc	hool	Address Vicki McKay, Child Nutrition M			City/S	State nfield, MN		Zip Code 55057		phone 6630668	
License/Permit #		Permit Holder				ose of Inspec	tion	Est Type	307	Risk Catego	rv
0013898		Ind. School District No. 659			Full			,,,,		Н	
		BORNE ILLNESS RISK FAC		RS A	ND PU	BLIC HEA					
Circle des	signated compliance sta OUT= not in con	atus (IN, OUT, N/O, N/A) for each numbered npliance N/O= not observed			ot applicab	lo.		"X" in appropriate box -site during inspection		S and/or R R= repeat vio	alotio
Compliance S		inpliance N/O= not observed				ompliance (-site duffing inspection		K= Tepeat VII	C
Compliance 3	latus	Surpervision	cos	, r		omphance .		nperature Contro	I for Sa	ifetv	0
1 (IN) OUT	PIC knowledgeat	ble; duties & oversight			18(IN	OUT N/A N		ing time & tempera			
2 IN OUT N/A		tection manager, duties				OUT N/A(N	_	ating procedures fo		olding	
	E	mployee Health						ng time & temperat	ture		
3 (IN) OUT	<u> </u>	edge,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			23 IN	OUT N/A N	N/O Proper date	marking & disposit	ion		
		Hygenic Practices			24 IN	OUT N/A) N	I/O Time as a po	ublic health control	: proced	dures & records	
6 (IN) OUT N/C		sting, drinking, or tobacco use						nsumer Advisory			
7 (IN) OUT N/C	No discharge from	m eyes, nose, & mouth			25 IN	OUT N/A		dvisory provided fo		ndercooked foo	d
		Contamination by Hands) au =		usceptible Popula			
8 IN OUT N/	O Hands clean & p	<u> </u>			26(IN	N)OUT N/A	_	foods used; prohib			_
9 (IN) OUT N/A N/		ntact with RTE foods or pre-approved dure properly followed			27 IN	OUT(N/A)		color Additives an			1
10(IN) OUT	altornato pproco	vashing sinks supplied/accessible	\vdash	-		DOUT		es: approved & pro ances properly iden			+
	<u> </u>	oroved Source			20(11)	.,		e with Approved			
1 (IN) OUT		om approved source			29(IN	OUT N/A		with variance/spec			>
12 IN OUT N/A(N/C	Food received at	proper temperature									
IZ INI CUIT	Food in good oor		_								
13(IN) OUT	Food in good cor	ndition, safe, & unadulterated									
	Required records	ndition, safe, & unadulterated savailable; shellstock tags,									
14 IN OUT N/A) N/C	Required records	available; shellstock tags,			Risk fa	actors(RF) ar	e improper pract	ices or proceedure	s identi	fied as the most	
14 IN OUT N/A N/C	Required records parasite destruction f	available; shellstock tags, on rom Contamination			prevale	ent contributin	g factors of foodl	oorne ilİness or inju	ıry. Pub	lic Health Inter	vent
14 IN OUT N/A N/C	Required records parasite destructi	available; shellstock tags, on rom Contamination			prevale	ent contributin	g factors of foodl	ices or proceedure corne illness or inju t foodborne illness	ıry. Pub	lic Health Inter	vent
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