

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

Type: Full
Date: 09/27/24
Time: 10:55:00
Report: 6504241089

Food and Beverage Establishment Inspection Report

Page 1

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

License Categories:

FAIF, FBLB, HOSP, FBSC, FBSW, FBC2

Expires on: 12/31/24

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 0

WALK-IN COOLER: 34F; WALK-IN FREEZER: -4F; TRAULSEN #3, 35F: #4, 34F; MILK COOLER: 36F; WIPING CLOTH QUAT: 200 PPM; HOT HOLD: CHICKEN NUGGETS, 141F; DISH WASHER UTENSIL SURFACE TEMPERATURE: 166F WITH DISK.

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 6504241089 of 09/27/24.

Certified Food Protection Manager: Victoria L. McKay

Certification Number: 18787 Expires: 08/15/26

Inspection report reviewed with person in charge and emailed.

Signed: _-mailed

Victoria McKay FSD Signed:

David Reimann Environmental Health Specialist Mankato District Office 507-344-2727

david.reimann@state.mn.us

100	Minnesota Depa	Food Establis						I Categories C		0	Date 0	9/27/
	Environmental Health Division			No. of Repeat RF/PHI Cate			t RF/PHI Cate	gories Out	0	Time In 1	e In 10:55:00	
DEPARTMENT OF HEALTH	Mankato	12 Civic Center Plaza Mankato							Chapter 4626		Time Out	
Northfield Middle Sc	hool	Address Vicki McKay, Child Nutrition M			1 -	/State			Zip Code 55057		phone 6630668	
License/Permit #		Permit Holder					of Inspection	on	Est Type	307	Risk Catego	ry
0013898		Ind. School District No. 659			Ful	•	•				н	
		BORNE ILLNESS RISK FAC		RS A	ND P	UBL	IC HEAL					
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3 (IN) OUT	<u> </u>	ledge,responsibilities&reporting			21	O(NI	UT N/A N/C	Proper hot h	olding temperature	es		
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