

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

Type: Full
Date: 03/12/25
Time: 11:30:00

## Food and Beverage Establishment Inspection Report

Page 1

Location:

Report:

Spring Creek Elementary Lori Malecha, Kitchen Mgr. 1400 Maple Street

6504251084

Northfield, MN55057 Rice County, 66

**License Categories:** 

FAIF, FBLB, HOSP, FBSC, FBC2

Expires on: 12/31/25

**Establishment Info:** 

ID #: 0013899 Risk: High

Announced Inspection: No

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.

## 4-700 Sanitizing Equipment and Utensils

4-703.11B

\*\* Priority 1 \*\*

MN Rule 4626.0905B Sanitize food contact surfaces of equipment and utensils after cleaning by using mechanical hot water operations that achieve a utensil surface temperature of 160 degrees F (71 degrees C) and are set up and maintained in accordance with the specifications of NSF International and the manufacturer's data plate.

UTENSIL SURFACE MEASURED 144F. REPAIR OR ADJUST TO ASSURE DISH TEMPERATURE IS AT LEAST 160F.

Comply By: 03/13/25

## 5-200A Plumbing: approved materials/design

5-202.12A

\*\* Priority 2 \*\*

MN Rule 4626.1050A Provide a handwashing sink equipped with running water at a temperature to permit handwashing for at least 15 seconds through a mixing valve or combination faucet.

NO HOT WATER AT THE KITCHEN HAND WASHING SINK. ASSURE HOT WATER IS PROVIDED AT THE HAND WASH SINK.

Comply By: 03/13/25

Total Orders In This Report Priority 1 Priority 2 Priority 3

1 1 0

WALK-IN COOLER: #1, 30F; WALK-IN FREEZER #2, -7F; TRUE REFRIGERATOR 32, 31F; MILK COOLER: 33F; DISH WASHER UTENSIL SURFACE TEMPERATURE: 144F; HOT HOLD: BROCCOLI, 171F: PIZZA, 147F.

REPORT E-MAILED TO: sstromme@northfieldschools.org

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Spring Creek 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 Minnesota Department of Health inspection report number 6504251084 of 03/12/25.

Certified Food Protection Manager Lori L. Malecha

Certification Number: 796967 Expires: 07/12/27

Inspection report reviewed with person in charge and emailed.

Signed: F-mailed

Lori Malecha FSD Signed:

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

david.reimann@state.mn.us

	Minnesota Depa		ment Inspection Report  No. of RF/PHI Categories Out 2 Date								3/12/	
	Environmental I	Health Division						RF/PHI Cate		0	Time In 1	
DEPARTMENT OF HEALTH	12 Civic Center Mankato	riazā						ity MN Rules			Time Out	
Spring Creek Elemen	ntary	Address Lori Malecha, Kitchen Mgr.			'	<b>State</b>			Zip Code 55057		<b>phone</b> 6453490	
License/Permit #		Permit Holder					of Inspection	on	Est Type	307	Risk Catego	ry
0013899		Ind. School District No. 659			Full				,,,		Н	
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4 (IN) OUT	Proper use of rep	porting, restriction & exclusion			<b>—</b>	_	JT N/A	<u> </u>	holding temperatur			
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8 IN OUT N/	O Hands clean & p	roperly washed			26 II	N OL	JT(N/A)		foods used; prohib			
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