

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

 Type:
 Full

 Date:
 09/27/24

 Time:
 11:20:00

 Report:
 6504241090

Food and Beverage Establishment Inspection Report

Page 1

Location:

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

Expires on: 12/31/24

License Categories: _____ FAIF, FBLB, HOSP, FBSC, FBC2 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.

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: 32F; WALK-IN FREEZER: -8F; TRUE #3,35F; MILK COOLER: 36F; HOT HOLD: TOMATO SAUCE: 167F, 183F; COLD LINE: COLE SLAW: 36F; DISH WASHER UTENSIL SURFACE TEMPERATURE: 163F 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 6504241090 of 09/27/24.

Certified Food Protection ManagerLori L. Malecha

Certification Number: <u>79696</u> Expires: <u>07/17/27</u>

Inspection report reviewed with person in charge and emailed.

-mailed Signed:

Lori Malecha FSD

Signed:

David Reimann Environmental Health Specialist Mankato District Office 507-344-2727 david.reimann@state.mn.us

Minnesota Department of Health Environmental Health Division					No. of RF/PHI Categories Out 0 Date 09/27/24								
12 Civic Center Plaza											Time In 1	In 11:20:00	
OF HEALTH	Mankato					Le	egal Authori	ty MN Rules (-	.	Time Out		
Spring Creek Elementary Address					Northfield, MN 55			Zip Code		phone			
Lori Malecha, Kitchen Mgr. License/Permit # Permit Holder 0013899 Ind. School District No. 659				'n				55057 Est Type	5076	5076453490 Risk Category			
				Full H						-	alegory		
		BORNE ILLNESS RISK FAC		RS A	ND P	UBL		TH INTERV	ENTIONS				
Circle de	signated compliance stat OUT= not in com	tus (IN, OUT, N/O, N/A) for each numbered i pliance N/O= not observed		ν/Δ – n	ot applic	able	co		X" in appropriate be site during inspection		and/or R R= repeat vi	olatior	n
Compliance S			1	S R			oliance Sta	-	site during inopeout		N= lopout li		
		Surpervision							perature Contr	rol for Sa	fety		1
	PIC knowledgeabl	le; duties & oversight			18	IN O	JT N/A N/O	Proper cooki	ng time & tempe	rature			
NOUT N/A	· · ·	ection manager, duties					JT N/A N/O		ting procedures		olding		
		nployee Health	1			-			g time & temper				
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	-	Hygenic Practices			24	IN O	JT(N/A) N/O		blic health contro	· ·	lures & records		
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	-	n eyes, nose, & mouth			25	IN O	UT(N/A)		lvisory provided		ndercooked foo	a	
	O Hands clean & pro	Contamination by Hands	1		26	IN O	UT(N/A)		oods used; proh		ds not offered	-	_
		ntact with RTE foods or pre-approved			20				olor Additives a			-	_
9 (IN) OUT N/A N		lure properly followed			27	IN O	J T(N/A)	1	es: approved & p				_
	Adequate handwa	ashing sinks supplied/accessible			28	ÎN)O	JT	Toxic substa	nces properly ide	entified, st	tored, & used		
		roved Source						Conformance	with Approved	d Procedu	ures		
		m approved source			29	IN O	JT(N/A)	Compliance	with variance/spe	ecialized p	process/HACCI	2	
2 IN OUT N/A N/	/	proper temperature											
	-	dition, safe, & unadulterated											
4 IN OUT N/A) N/	O parasite destructio	available; shellstock tags, on			Dick	facto	re (PE) are in	noronor practi	ces or proceedu	ros idontif	ind as the most		
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GINOUT N/A	Food contact surfa	aces: cleaned & sanitized											
\leq		of returned, previously served,											
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