

MN Department of Health Food Pools & Lodging Services P.O. Box 64975 St. Paul, MN 55164-0975 651/201-4500

 Type:
 Full

 Date:
 03/12/24

 Time:
 10:25:00

 Report:
 6504241081

Food and Beverage Establishment Inspection Report

Page 1

Establishment Info:

-Location:

Bridgewater Elementary Marie Kyllo, Child Nut. Manage 401 Jefferson Parkway Northfield, MN55057 Rice County, 66

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

Establishment Info: ID #: 0013901 Risk: High Announced Inspection: No

Operator: Ind. School District No. 659

Phone #: 5076643324 ID #: 15696

Expires on: 12/31/24

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: -1F; HOBART REFRIGERATOR #3: 32F; MILK COOLER: 32F; HOT HOLD: CHICKEN AND ALFREDO SAUCE: 144F; DISH WASHER UTENSIL SURFACE TEMPERATURE: 160F WITH 3-TEMP THERMOLABEL 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 MN Department of Health inspection report number 6504241081 of 03/12/24.

Certified Food Protection Manager Marie A. Kyllo

Certification Number: <u>64139</u> Expires: <u>08/11/24</u>

Inspection report reviewed with person in charge and emailed.

-mailed Signed:___

Marie Kyllo FSD

Signed:

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

Report #: 65042410	81	Food Establis	hme	nt Ins	spectior	n Repo	rt		h	
MN Department of Health Food Pools & Lodging Services P.O. Box 64975			No. of RF/PHI Categories Out 0 Date					Date 03/	12/24	
		-	No. of Repeat RF/PHI Categories Out 0 Legal Authority MN Rules Chapter 4626				0			
DEPARTMENT P.O. BOX 649/5 OF HEALTH St. Paul, MN 55164-0975								Time Out		
Bridgewater Elementary Address Marie Kyllo, Child Nut. Manage			City/State Zip Code Teleph					bhone 6643324		
License/Permit # Permit Holder			Purpose of Inspection		1	Est Type		Risk Category		
0013901				Full			Н			
	FOODE	BORNE ILLNESS RISK FAC	TORS A	ND PU	BLIC HEALT	H INTERV	ENTIONS			
	•	us (IN, OUT, N/O, N/A) for each numbered					X" in appropriate box			
IN= in compliance	OUT= not in comp	bliance N/O= not observed	N/A= n	ot applicable			site during inspection	1	R= repeat vio	lation
Compliance St		• calculation • • • • • • • • • • • • • • • • • • •	COS R	Co	mpliance Sta					COS R
		Surpervision	1	10 IN			perature Control		fety	
2 IN OUT N/A				18 IN OUT N/A N/O Proper cooking time & temperature 19 IN OUT N/A N/O Proper reheating procedures for hot holding						
	En	nployee Health		20 IN OUT N/A N/O Proper cooling time & temperature						
		dge,responsibilities&reporting		21 (IN)OUT N/A N/O Proper hot holding temperatures						
	· · ·	rting, restriction & exclusion		22 IN OUT N/A Proper cold holding temperatures						
⁵ (IN) OUT	events	ponding to vomiting & diarrheal		23 IN OUT N/A N/O Proper date marking & disp						
		lygenic Practices		24 IN	OUT(N/A) N/O		blic health control:	proced	lures & records	
\succ		ing, drinking, or tobacco use		25 IN	OUT(N/A)		sumer Advisory	r raw/u	ndercooked food	
7 (IN) OUT N/O		eyes, nose, & mouth ontamination by Hands		20 11			sceptible Popula			
8 IN OUT N/C) Hands clean & pro			26 IN	OUT(N/A)		oods used; prohib		ds not offered	
	No bare hand con	tact with RTE foods or pre-approved			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Food and Co	olor Additives and	d Toxic	Substances	
\mathbf{X}	allemale pproceut	ure properly followed					es: approved & pro			
	·	shing sinks supplied/accessible roved Source		28 (IN			nces properly ident with Approved F			
11(IN)OUT		m approved source		29 IN	OUT(N/A)		with variance/spec			
12 IN OUT N/ANO	Food received at p	roper temperature								
13(IN)OUT	Food in good cond	lition, safe, & unadulterated								
14 IN OUT (N/A) N/O		available; shellstock tags,								
	paraente accuracite	n om Contamination					ces or proceedure orne illness or inju			ontions
15(IN) OUT N/A N/0	D Food separated ar						foodborne illness			entions
16 IN OUT N/A		ces: cleaned & sanitized								
<u> </u>		of returned, previously served,								
	reconditioned, & u									
					CTICES		I altitude to the form			
5. 52 9 100 215 10 10 107	od Retail Practices umbered item is not	are preventative measures to control in compliance Mark "X"			ogens, cnemical or COS and/or R		corrected on-site du		ection R= repeat	violation
			COS R					0 1		COS R
Safe Food and Water					Prope	er Use of Utensils	5			
30 IN OUT (N/A)	Pasteurized egg	s used where required		43 In-use utensils: properly stored						
31 Water &	ice obtained from ar	approved source		44	Utensils, eq	uipment & line	ens: properly store	d, dried	, & handled	
32 IN OUT (N/A)	Variance obtained	for specialized processing methods		45	Single-use/s	single service	articles: properly s	stored &	used	
				46	Gloves used	1 1 7				
Food Temperature Control Proper cooling methods used; adequate equipment for			Utensil Equipment and Vending Food & non-food contact surfaces cleanable, properly							
33 temperatu		adequate equipment ion		47	31 CONTRACTOR CONTRACTOR	-food contact : onstructed, & i		e, prope	пу	
34 IN OUT N/A	N/O Plant food pro	perly cooked for hot holding		48			stalled, maintained	d, & use	ed; test strips	
	N/O Approved that	wing methods used		49	Non-food co	ontact surfaces	sclean			
	eters provided & acc	curate					ysical Facilities			
	Food Identi			50	Hot & cold v	vater available	; adequate pressu	ıre		
37 Food prop	erly labled; original o			51	Plumbing in	stalled; proper	backflow devices	5		
00		od Contamination		52	Sewage & w	vaste water pr	operly disposed			
	dents, & animals no	·		53	Toilet faciliti	es: properly co	onstructed, supplie	ed, & cle	eaned	
		ng food prep, storage & display		54	Garbage &	refuse properly	y disposed; facilitie	es main	tained	
	cleanliness	storod		55	Physical fac	ilities installed	, maintained, & cle	ean		
	oths: properly used &			56		-	hting; designated a	areas us	sed	
42 Washing f	ruits & vegetables			57		with MCIAA				
Food Recalls:				58	Compliance	with licensing	& plan review			
Person in Charge (S	ignature),	mailed					Date: 03/12/24			
Inspector (Signature)				1						
		Kun								