

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

Full Type: Date:

03/12/24 Time: 11:42:00

Report: 6504241084 Food and Beverage Establishment **Inspection Report** 

Location:

Greenvale Park Elementary 500 Lincoln Parkway Northfield, MN55057 Rice County, 66

**License Categories:** 

HOSP, FBLB, FBSC, FBC2

Expires on: 12/31/24

**Establishment Info:** 

ID#: 0036480 Risk: Medium

Announced Inspection: No

Page 1

**Operator:** 

Ind. School District - Northfi

Phone #: 5076453509

ID #: 54160

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: -3F; TRUE REFRIGERATOR: 32F; MILK COOLER: 34F; HOT HOLD: ALFREDO SAUCE, 148F: PEAS AND CORN, 174F; DISH WASHER UTENSIL

SURFACE TEMPERATURE: 167F WITH DISK.

REPORT E-MAILED TO: sstromme@northfieldschols.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 6504241084 of 03/12/24.

Certified Food Protection Manager Lindsey M. Dietiker

Certification Number: 84982 \_\_\_\_\_ Expires: <u>07/15/25</u>

Inspection report reviewed with person in charge and emailed.

Linsey Dietiker

**FSD** 

Signed:

Signed:

David W. Reimann R.S. Environmental Health Spec III Mankato District Office 507-344-2727

david.reimann@state.mn.us

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MN Department of Health Food Pools & Lodging Services P.O. Box 64975 St. Paul, MN 55164-0975		No. of RF/PHI Categories Out				0	Date	03/12/24
		No. of Repeat RF/PHI Categories Out Legal Authority MN Rules Chapter 4626			ries Out	0 Time In		11:42:00
					apter 4626	Time Out		t
Greenvale Park Elementary  Address  500 Lincoln Parkway						phone 76453509		
License/Permit # Permit Holder		Purpos	se of Inspection		Est Type		Risk Categ	gory
0036480 Ind. School District - Northfi		Full	Full				М	
FOODBORNE ILLNESS RISK FA		AND PUE	BLIC HEALTH		NTIONS in appropriate b	nov for COS	and/or R	
Circle designated compliance status (IN, OUT, N/O, N/A) for each numbe  IN= in compliance OUT= not in compliance N/O= not observed		not applicable	cos=		e during inspecti		R= repeat	t violation
Compliance Status	cos R		mpliance State					cos R
Surpervision	CO3 K		Inpliance Ctat		erature Contr	ol for Safe	ety	300
1 IN OUT PIC knowledgeable; duties & oversight		18 IN	OUT N/A(N/O) F	Proper cooking	g time & tempe	rature		
2 IN OUT N/A Certified food protection manager, duties		19 IN	OUT N/A N/O	Proper reheati	ng procedures	for hot hol	ding	
Employee Health		20 IN	OUT N/A N/O F	Proper cooling	time & temper	ature		
3 (IN) OUT Mgmt/Staff;knowledge,responsibilities&reporting			OUT N/A N/O F	Proper hot hole	ding temperatu	ires		
Proper use of reporting, restriction & exclusion  Procedures for responding to vomiting & diarrheal		$\rightarrow$			lding temperat			
5 IN OUT Procedures for responding to vorniting & diarriear events			OUT N/A N/O F					,
Good Hygenic Practices		24 IN	OUT(N/A) N/O				ures & record	as
6 (IN) OUT N/O Proper eating, tasting, drinking, or tobacco use		25 11.	OUTAVA		umer Advisor risory provided		dercooked fo	hod
7 NO OUT N/O No discharge from eyes, nose, & mouth		25 IN	OUT(N/A)		ceptible Popu		GELCOOKER IC	JJU
8 (IN) OUT N/O Hands clean & properly washed		26 IN	OUT(N/A)	<u> </u>	ods used; proh		ds not offered	d
No hare hand contact with RTE foods or pre-approve	ed				or Additives a			
9 (IN) OUT N/A N/O alternate pprocedure properly followed		27 IN	OUT(N/A)	Food additives	: approved & p	roperly us	ed	
10(IN) OUT Adequate handwashing sinks supplied/accessible		28 (IN			ces properly ide			
Approved Source					with Approved			00
11 (IN) OUT Food obtained from approved source		29 IN	OUT(N/A)	Compliance w	ith variance/sp	ecialized p	rocess/HAC	CP
12 IN OUT N/A N/O Food received at proper temperature								
13 (IN) OUT Food in good condition, safe, & unadulterated Required records available; shellstock tags,								
14 IN OUT (N/A) N/O parasite destruction		Risk fac	ctors (RF) are im	proper practic	es or proceedu	res identif	ied as the m	ost
Protection from Contamination		prevaler	nt contributing fac	tors of foodbo	rne illness or ir	njury. <b>Pub</b> l	lic Health In	terventions
15 IN OUT N/A N/O Food separated and protected		(PHI) ar	e control measure	es to prevent f	oodborne illne:	ss or injury	/.	
16 IN OUT N/A Food contact surfaces: cleaned & sanitized								
1 11 7001 11/11								
Proper disposition of returned, previously served,								
Proper disposition of returned, previously served, reconditioned, & unsafe food	OOD DET	All DDA	OTIOES		100 to 100 diagnosis			
Proper disposition of returned, previously served, reconditioned, & unsafe food  GO	OOD RET			and physical	objects into fr	oods		
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