

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:
 10:00:00

 Report:
 6504241080

## Food and Beverage Establishment Inspection Report

Page 1

-Location:

Northfield High School Cecelia Green, Child Nutrition 1400 Division Street South Northfield, MN55057 Rice County, 66

License Categories: FAIF, FBLB, HOSP, FBSC, FBSS, FBC2 Establishment Info: ID #: 0013897 Risk: High Announced Inspection: No

Operator: Ind. School District No. 659

Phone #: 5076630604 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: -2F; PRODUCE WALK-IN COOLER: 34F; TRAULSEN REFRIGERATOR: #3,34F: #10,37F: #5,31F: TRAULSEN FREEZER #4, -2F; BAKER REFRIGERATOR #9, 37F; MILK COOLER: 39F.

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 6504241080 of 03/12/24.

Certified Food Protection Manager<u>Cecelia E. Green</u>

Certification Number: <u>45210</u> Expires: <u>07/10/26</u>

Inspection report reviewed with person in charge and emailed.

mAiled Signed:

Cecelia Green FSD

Signed:

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

Report #: 65042410	Food Establis	shmer	nt Ins	pection	Repo	rt			
MN Department of Health			No. of RF/PHI Categories Out 0 Date 03/12/24						
Food Pools & Lodging Services				No. of Repeat I	RF/PHI Categ	ories Out	0	Time In 10:0	00:00
DEPARTMENT P.O. Box 64975 St. Paul, MN 55164-0975			Legal Authority MN Rules Chapter 4626 Time O						
OF HEALTH Northfield High School	Address		City/State Zip Code				Tele	phone	
9	Cecelia Green, Child Nutrition		Northfi	eld, MN		55057	507	6630604	
License/Permit # 0013897	Permit Holder Ind. School District No. 659		Purpose of Inspection Full			Est Type		Risk Category H	
	FOODBORNE ILLNESS RISK FAC	TORS A		BLIC HEALT	H INTERV	ENTIONS			
Circle desi	gnated compliance status (IN, OUT, N/O, N/A) for each numbere	d item			Mark "	X" in appropriate box	for COS	S and/or R	
IN= in compliance	OUT= not in compliance N/O= not observed	N/A= no	t applicable	COS	= corrected on-s	site during inspection		R= repeat viola	ation
Compliance St	atus	COS R	Co	mpliance Sta					COS R
	Surpervision			$\sim$		perature Control		fety	
1 (IN)OUT 2 (IN)OUT N/A	PIC knowledgeable; duties & oversight Certified food protection manager, duties					ng time & temperat ting procedures for		olding	
2 (IN)OUT N/A	Employee Health			X		ig time & temperatu		Julig	
3 (IN) OUT	Mgmt/Staff;knowledge,responsibilities&reporting			$\sim$		olding temperatures			
4 (IN) OUT	Proper use of reporting, restriction & exclusion		22 (IN)	OUT N/A	Proper cold h	olding temperature	es		
<sup>5</sup> (IN) OUT	Procedures for responding to vomiting & diarrheal		23 (IN	OUT N/A N/O	Proper date r	marking & dispositi	QA(1		
	Good Hygenic Practices		24 IN	OUT(N/A) N/O	Time as a pu	blic health control:	proced	lures & records	
6 (IN) OUT N/O	Proper eating, tasting, drinking, or tobacco use					sumer Advisory			T T
7 IN OUT N/O	No discharge from eyes, nose, & mouth		25 IN	OUT(N/A)		dvisory provided for sceptible Popula		ndercooked food	
	Preventing Contamination by Hands		26 IN	OUT(N/A)		foods used; prohibi		ods not offered	
8 IN OUT N/C	Hands clean & properly washed No bare hand contact with RTE foods or pre-approved		20			olor Additives and			
9 (IN) OUT N/A N/C	alternate pprocedure properly followed		27 IN	OUT(N/A)	Food additive	es: approved & pro	perly u	sed	
10(IN)OUT	Adequate handwashing sinks supplied/accessible		28 IN	OUT	Toxic substar	nces properly ident	ified, s	tored, & used	
	Approved Source					e with Approved P			1
	Food obtained from approved source		29 IN	OUT(N/A)	Compliance	with variance/speci	alized	process/HACCP	
12 IN OUT N/A N/O									
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	tors (RF) are in	nproper practi	ices or proceedure	s ident	ified as the most	
$\sim$	Protection from Contamination					orne illness or inju			entions
15 N OUT N/A N/C	Food separated and protected		(PHI) ar	e controi measu	ies to preveni	t foodborne illness	or inju	ry.	
16 IN OUT N/A	Food contact surfaces: cleaned & sanitized								
17 (IN) OUT	Proper disposition of returned, previously served, reconditioned, & unsafe food								
		OD RETA	IL PRA	CTICES					
Goo	d Retail Practices are preventative measures to contr	ol the addition	on of path	ogens, chemical	ls, and physic	al objects into food	ds.		
	umbered item is <b>not</b> in compliance Mark ">	(" in appropr	iate box fo	r COS and/or R	COS=	corrected on-site dur	ing insp		
		COS R			Bron	er Use of Utensils			COS R
	Safe Food and Water		43		sils: properly s				10000
30 IN OUT N/A	Pasteurized eggs used where required		44			ens: properly store	d. dried	d. & handled	
31 Water &	ice obtained from an approved source		44			articles: properly s			
32 IN OUT (N/A)	Variance obtained for specialized processing methods	3	45	Gloves use		and a property a			
	Food Temperature Control			010463 036		quipment and Ve	nding		
Proper co	oling methods used; adequate equipment for			Food & non	and the second second second	surfaces cleanable	•	erly	
33 temperatu			47		onstructed, &				
	N/O Plant food properly cooked for hot holding		48	Warewashi	ng facilities: in	stalled, maintained	l, & us	ed; test strips	
35 IN OUT N/A	N/O Approved thawing methods used	_	49	Non-food co	ontact surface				
36 Thermom	eters provided & accurate		50			nysical Facilities e; adequate pressu	Iro		
07 Food area	Food Identification		50						
37 Food prop	Prevention of Food Contamination		51			r backflow devices			
38 Insects, ro	odents, & animals not present		52		· · · · ·	roperly disposed onstructed, supplie	ad & a	eaned	
	ation prevented during food prep, storage & display		53			ly disposed; facilitie			
	cleanliness		54 55			d, maintained, & cle			
	oths: properly used & stored					hting; designated a		ised	
	ruits & vegetables		56 57	· · · ·	e with MCIAA	many, accignated a			
			58	· · · · · · · · · · · · · · · · · · ·		g & plan review			
Food Recalls:				2 on planot					
Person in Charge (S	ignature) E-mailed					Date: 03/12/24			
- 1									
Inspector (Signature									