



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

Type: Full
 Date: 09/08/21
 Time: 10:20:00
 Report: 6504211290

Food and Beverage Establishment Inspection Report

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Location:

Bridgewater Elementary
 Vicki Malecha, Child Nut. Mana
 401 Jefferson Parkway
 Northfield, MN55057
 Rice County, 66

Establishment Info:

ID #: 0013901
 Risk: High
 Announced Inspection: No

License Categories:

FAIF, FBLB, HOSP, FBSC, FBC2

Expires on: 12/31/21

Operator:

Ind. School District No. 659

Phone #: 5076643324

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: 34F; WALK-IN FREEZER: -2F; HOBART #3: 32F

ADDITIONAL CFPMs:

Lori J Mullen #35557 exp: 08-10-2024

Deesa L. Staats #106021 exp: 3-15-2024

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 6504211290 of 09/08/21.

Certified Food Protection Manager: Maria A. Kylo

Certification Number: 64139 Expires: 08/11/24

Inspection report reviewed with person in charge and emailed.

Signed: E-mailed
 Maria Kylo

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

Report #: 6504211290

Food Establishment Inspection Report



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 P.O. Box 64975
 St. Paul, MN 55164-0975

No. of RF/PHI Categories Out	0	Date	09/08/21
No. of Repeat RF/PHI Categories Out	0	Time In	10:20:00
Legal Authority MN Rules Chapter 4626		Time Out	

Bridgewater Elementary	Address Vicki Malecha, Child Nut. Mana	City/State Northfield, MN	Zip Code 55057	Telephone 5076643324
License/Permit # 0013901	Permit Holder Ind. School District No. 659	Purpose of Inspection Full	Est Type	Risk Category H

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item Mark "X" in appropriate box for COS and/or R

IN= in compliance OUT= not in compliance N/O= not observed N/A= not applicable COS= corrected on-site during inspection R= repeat violation

Compliance Status	Surpervision	COS	R
1 <input checked="" type="radio"/> IN	OUT PIC knowledgeable; duties & oversight		
2 <input checked="" type="radio"/> IN	OUT N/A Certified food protection manager, duties		
Employee Health			
3 <input checked="" type="radio"/> IN	OUT Mgmt/Staff; knowledge, responsibilities & reporting		
4 <input checked="" type="radio"/> IN	OUT Proper use of reporting, restriction & exclusion		
5 <input checked="" type="radio"/> IN	OUT Procedures for responding to vomiting & diarrheal events		
Good Hygienic Practices			
6 <input checked="" type="radio"/> IN	OUT N/O Proper eating, tasting, drinking, or tobacco use		
7 <input checked="" type="radio"/> IN	OUT N/O No discharge from eyes, nose, & mouth		
Preventing Contamination by Hands			
8 <input checked="" type="radio"/> IN	OUT N/O Hands clean & properly washed		
9 <input checked="" type="radio"/> IN	OUT N/A N/O No bare hand contact with RTE foods or pre-approved alternate procedure properly followed		
10 <input checked="" type="radio"/> IN	OUT Adequate handwashing sinks supplied/accessible		
Approved Source			
1 <input checked="" type="radio"/> IN	OUT Food obtained from approved source		
12 IN	OUT N/A N/O Food received at proper temperature		
13 <input checked="" type="radio"/> IN	OUT Food in good condition, safe, & unadulterated		
14 IN	OUT N/A N/O Required records available; shellstock tags, parasite destruction		
Protection from Contamination			
15 <input checked="" type="radio"/> IN	OUT N/A N/O Food separated and protected		
16 <input checked="" type="radio"/> IN	OUT N/A Food contact surfaces: cleaned & sanitized		
17 <input checked="" type="radio"/> IN	OUT Proper disposition of returned, previously served, reconditioned, & unsafe food		

Compliance Status	Time/Temperature Control for Safety	COS	R
18 IN	OUT N/A <input checked="" type="radio"/> N/O Proper cooking time & temperature		
19 IN	OUT N/A <input checked="" type="radio"/> N/O Proper reheating procedures for hot holding		
20 IN	OUT N/A <input checked="" type="radio"/> N/O Proper cooling time & temperature		
21 IN	OUT N/A <input checked="" type="radio"/> N/O Proper hot holding temperatures		
22 <input checked="" type="radio"/> IN	OUT N/A Proper cold holding temperatures		
23 <input checked="" type="radio"/> IN	OUT N/A N/O Proper date marking & disposition		
24 IN	OUT <input checked="" type="radio"/> N/A N/O Time as a public health control: procedures & records		
Consumer Advisory			
25 IN	OUT <input checked="" type="radio"/> N/A Consumer advisory provided for raw/undercooked food		
Highly Susceptible Populations			
26 IN	OUT <input checked="" type="radio"/> N/A Pasteurized foods used; prohibited foods not offered		
Food and Color Additives and Toxic Substances			
27 IN	OUT <input checked="" type="radio"/> N/A Food additives: approved & properly used		
28 <input checked="" type="radio"/> IN	OUT Toxic substances properly identified, stored, & used		
Conformance with Approved Procedures			
29 IN	OUT <input checked="" type="radio"/> N/A Compliance with variance/specialized process/HACCP		

Risk factors (RF) are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. **Public Health Interventions (PHI)** are control measures to prevent foodborne illness or injury.

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Mark "X" in box if numbered item is **not** in compliance Mark "X" in appropriate box for COS and/or R COS= corrected on-site during inspection R= repeat violation

Compliance Status	Safe Food and Water	COS	R
30 IN	OUT <input checked="" type="radio"/> N/A Pasteurized eggs used where required		
31	Water & ice obtained from an approved source		
32 IN	OUT <input checked="" type="radio"/> N/A Variance obtained for specialized processing methods		
Food Temperature Control			
33	Proper cooling methods used; adequate equipment for temperature control		
34 IN	OUT N/A <input checked="" type="radio"/> N/O Plant food properly cooked for hot holding		
35 IN	OUT N/A <input checked="" type="radio"/> N/O Approved thawing methods used		
36	Thermometers provided & accurate		
Food Identification			
37	Food properly labeled; original container		
Prevention of Food Contamination			
38	Insects, rodents, & animals not present		
39	Contamination prevented during food prep, storage & display		
40	Personal cleanliness		
41	Wiping cloths: properly used & stored		
42	Washing fruits & vegetables		

Compliance Status	Proper Use of Utensils	COS	R
43	In-use utensils: properly stored		
44	Utensils, equipment & linens: properly stored, dried, & handled		
45	Single-use/single service articles: properly stored & used		
46	Gloves used properly		
Utensil Equipment and Vending			
47	Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
48	Warewashing facilities: installed, maintained, & used; test strips		
49	Non-food contact surfaces clean		
Physical Facilities			
50	Hot & cold water available; adequate pressure		
51	Plumbing installed; proper backflow devices		
52	Sewage & waste water properly disposed		
53	Toilet facilities: properly constructed, supplied, & cleaned		
54	Garbage & refuse properly disposed; facilities maintained		
55	Physical facilities installed, maintained, & clean		
56	Adequate ventilation & lighting; designated areas used		
57	Compliance with MCIAA		
58	Compliance with licensing & plan review		

Food Recalls:

Person in Charge (Signature) *Emailed*

Date: 09/08/21

Inspector (Signature) *[Signature]*