

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

Type:

Full

03/12/24 Date:

10:45:00 Time: Report: 6504241082 Food and Beverage Establishment **Inspection Report**

Page 1

Location: -

Northfield Middle School

Vicki McKay, Child Nutrition M 2200 Division Street South Northfield, MN55057

Rice County, 66

License Categories:

FAIF, FBLB, HOSP, FBSC, FBSW, FBC2

Expires on: 12/31/24

Establishment Info:

ID#: 0013898 Risk: High

Announced Inspection: No

Operator:

Ind. School District No. 659

Phone #: 5076630668

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; TRAULSEN REFRIGERATORS: #3, 34F: #4, 34F: #5: 35F; MILK COOLER: 33F; TRUE GLASS DOOR REFRIGERATOR: 34F; HOT HOLD: BBQ PORK,

176F: PEAS AND CORN, 176F: MARINERA: 142F; DISH WASHER UTENSIL SURFACE

TEMPERATURE: 160F 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 MN Department of Health inspection report number 6504241082 of 03/12/24.

Certified Food Protection Manager: Victoria L. McKay

Certification Number: 18787 Expires: 08/15/26

Inspection report reviewed with person in charge and emailed.

Signed: [-mailed

Victoria McKay

FSD

Signed:

David W. Reimann R.S. Environmental Health Spec III Mankato District Office

507-344-2727

david.reimann@state.mn.us

Report #: 6504241		Food Establis	iiiie	ווו אוונ						
MN Department of Health Food Pools & Lodging Services P.O. Box 64975									Date 03/	12/24
				No. of Repeat RF/PHI Categories Out				0	0 Time In 10:45:00	
DEPARTMENT OF HEALTH	St. Paul, MN 55164-	0975			Legal Autho	rity MN Rules Ch	napter 4626		Time Out	
Northfield Middle School Address Vicki McKay, Child Nutrition M			City/State Northfield, MN			Zip Code 55057		Telephone 5076630668		
License/Permit # Permit Holder		Permit Holder		Purpose of Inspection		ion	Est Type		Risk Category	
0013898 Ind. School District No. 659				Full H						
Cirolo do		ORNE ILLNESS RISK FAC		ND PU	BLIC HEAI		ENTIONS " in appropriate b	oov for COS	and/or P	
IN= in compliance		(IN, OUT, N/O, N/A) for each numbered ance N/O= not observed		ot applicable	c	OS=corrected on-si			R= repeat vio	lation
Compliance Status cos R					mpliance S					cos
Surpervision			COSIK	Time/Temperature Control for Safety						003
IN OUT PIC knowledgeable; duties & oversight				18 IN	OUT N/A(N/	Proper cookin			ioty	Ī
IN OUT N/A Certified food protection manager, duties						O Proper reheat			oldina	
10000		loyee Health				O Proper cooling			9	
(IN) OUT	Mgmt/Staff;knowledg	e,responsibilities&reporting				O Proper hot hol				
(IN) OUT	Proper use of reporting, restriction & exclusion			—	OUT N/A		olding temperat			-
(IN) OUT	Procedures for respo	nding to vomiting & diarrheal				O Proper date m				
(IN) OUT	events Cood Hy	ronio Proeticas				O Time as a pub			lures & records	-
(IN) OUT N/		genic Practices		27 114	33.(11)		sumer Advisor		22 3. 220,40	1
	O Proper eating, tasting O No discharge from ey	g, drinking, or tobacco use	+-+-+	25 IN	OUT(N/A)				ndercooked food	
(IN) OUT N/		tamination by Hands		114	33.(11/1)		sceptible Popu			
(IN) OUT N	/O Hands clean & prope			26 IN	OUT(N/A)		ods used; prof		ds not offered	
\sim		ot with RTE foods or pre-approved					lor Additives a	-		
(IN) OUT N/A N/	/O alternate pprocedure			27 IN	OUT(N/A)	Food additives	s: approved & p	roperly us	sed	
O(IN)OUT	Adequate handwash	ing sinks supplied/accessible		28 IN	OUT	Toxic substan	ces properly ide	entified, st	ored, & used	
		ved Source				Conformance	with Approved	Procedi	ıres	
(IN) OUT	Food obtained from a	··		29 IN	OUT(N/A)	Compliance w	ith variance/sp	ecialized	process/HACCP	
IN OUT N/A(N/	Food received at pro	per temperature								
(IN) OUT	Food in good condition	on, safe, & unadulterated								
1	Required records ava	ailable; shellstock tags,								
4 IN OUT N/A N/	parasite destruction					e improper praction				
\sim	Protection from	Contamination			•	factors of foodbo				entior
5(IN) OUT N/A N	I/O Food separated and	protected		(PHI) ar	e control mea	sures to prevent	roodborne iline:	ss or injur	у.	
6(IN)OUT N/A	Food contact surface	s: cleaned & sanitized								
7 (IN) OUT		returned, previously served,								
110 001	reconditioned, & uns									
			D RETA							
		e preventative measures to control			ogens, chemi r COS and/or		l objects into fo corrected on-site		ection R= repea	t violati
Mark A III box II I	numbered item is not in	compliance Mark X	COS R	late box ic	1 COS and/or	K C03-0	corrected on-site	Juling Insp	ection R= repea	cos
	Safe Food and	Matar	CO2 K			Prone	r Use of Utens	ile		000
10 0117 (111				43	In-use ute	ensils: properly sto				
N OUT (N/A	Pasteurized eggs (used where required				equipment & line		red dried	& handled	
31 Water 8	& ice obtained from an a	pproved source		44						
32 IN OUT(N/A)	Variance obtained for	or specialized processing methods		45		e/single service a	irticles: properly	stored &	used	
33.()	· I			46	Gloves us	sed properly				
Food Temperature Control Proper cooling methods used; adequate equipment for							uipment and \			
3.3	cooling methods used; acture control	dequate equipment for		47		on-food contact s		ole, prope	rly	
		why applied for bot bolding				, constructed, & u				
	\sim	erly cooked for hot holding		48		hing facilities: ins		ea, & use	eu, test strips	
35 (IN) OUT N/A	A N/O Approved thawir	ng methods used		49	Non-food	contact surfaces				
36 Thermor	meters provided & accur						sical Facilities			
	Food Identific			50		d water available;				
Food pro	operly labled; original co	ntainer		51	Plumbing	installed; proper	backflow devic	es		
	Prevention of Food			52	Sewage 8	& waste water pro	perly disposed			
8 Insects, i	rodents, & animals not p	resent		53	Toilet fac	ilities: properly co	nstructed, supp	lied, & cle	eaned	
9 Contami	nation prevented during	food prep, storage & display		54	Garbage	& refuse properly	disposed; facil	ities main	tained	
0 Personal	l cleanliness			55		facilities installed,				
1 Wiping o	cloths: properly used & s	tored		56		ventilation & ligh			sed	
2 Washing	g fruits & vegetables			57		ice with MCIAA	g, acoignate			
	<u> </u>						& plan rovious			
ood Recalls:				58	Compilar	ice with licensing	∞ piaii review			
Person in Charge (Signature) F-m	ailed				[Date: 03/12/24	1		
	Signature) [m									
Inspector (Signature	e) \Rightarrow	<u> </u>								