



Type: Full  
Date: 09/17/20  
Time: 11:27:11  
Report: 7920201110

## Food and Beverage Establishment Inspection Report

**Location:**

Caledonia Elementary  
Rita McCormick, Fd. Ser. Dir.  
511 West Main Street  
Caledonia, MN559211195  
Houston County, 28

**Establishment Info:**

ID #: 0013849  
Risk: Medium  
Announced Inspection: No

**License Categories:**

FAIF, FBLB, HOSP, FBSC, FBC2

Expires on: 12/31/20

**Operator:**

Ind. School District No. 299

Phone #: 5077253389  
ID #: 15629

The violations listed in this report include any previously issued orders and deficiencies identified during this inspection. Compliance dates are shown for each item.

The following orders previously issued on 09/06/19 have NOT been corrected.

### 4-200 Equipment Design and Construction

#### 4-201.11

MN Rule 4626.0505 Replace equipment or utensils that are not durable or do not retain their characteristic qualities under normal use conditions.

Try to replace the dishwasher. Different problems with it over the years have been showing up. Leaks, heater problems, etc.

Re-issued. 1/16/2020

Issued on: 09/06/19

Comply By: 12/31/19

The following orders were issued during this inspection.

### 2-100 Supervision

#### 2-102.12DMN

MN Rule 4626.0033D Post the certified food protection manager certificate.

If Victoria Plantz is going to be the CPFM for the elementary kitchen post a copy of the state certificate.

Comply By: 12/31/20

### Surface and Equipment Sanitizers

Hot Water: = at 180 Degrees Fahrenheit

Location: Dishwasher

Violation Issued: No

Type: Full  
Date: 09/17/20  
Time: 11:27:11  
Report: 7920201110  
Caledonia Elementary

# Food and Beverage Establishment Inspection Report

---

Process/Item: Fruit, vegetables, cheese  
Temperature: 35 Degrees Fahrenheit - Location: Walk-In Cooler  
Violation Issued: No

---

Process/Item: Taco meat, bread  
Temperature: -2 Degrees Fahrenheit - Location: Walk-In Freezer  
Violation Issued: No

---

Process/Item: Fruit cups  
Temperature: 35 Degrees Fahrenheit - Location: Upright Cooler  
Violation Issued: No

---

Process/Item: Soup  
Temperature: 171 Degrees Fahrenheit - Location: Cooking  
Violation Issued: No

---

Process/Item: Bread, blueberries  
Temperature: 0 Degrees Fahrenheit - Location: Upright Freezer  
Violation Issued: No

---

**NOTE: Plans and specifications must be submitted for review and approval prior to new construction, remodeling or alterations.**


I acknowledge receipt of the inspection report number 7920201110 of 09/17/20.

Certified Food Protection Manager Rita A. McCormick

Certification Number: FM7844 Expires: 08/30/22

**Inspection report reviewed with person in charge and emailed.**

Signed: \_\_\_\_\_  
Establishment Representative

Signed:   
Sam Boysen  
Public Health Sanitarian  
Rochester District Office  
507-206-2719  
samuel.boysen@state.mn.us

# Food Establishment Inspection Report



No. of RF/PHI Categories Out	1	Date	09/17/20
No. of Repeat RF/PHI Categories Out	0	Time In	11:27:11
Legal Authority MN Rules Chapter 4626		Time Out	

Caledonia Elementary	Address Rita McCormick, Fd. Ser. Dir.	City/State Caledonia, MN	Zip Code 559211195	Telephone 5077253389
License/Permit # 0013849	Permit Holder Ind. School District No. 299	Purpose of Inspection Full	Est Type	Risk Category M

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

Compliance Status		COS	R
<b>Time/Temperature Control for Safety</b>			
18	<input checked="" type="radio"/> IN <input type="radio"/> OUT N/A N/O		
Proper cooking time & temperature			
19	<input checked="" type="radio"/> IN <input type="radio"/> OUT N/A N/O		
Proper reheating procedures for hot holding			
20	<input checked="" type="radio"/> IN <input type="radio"/> OUT N/A N/O		
Proper cooling time & temperature			
21	<input checked="" type="radio"/> IN <input type="radio"/> OUT N/A N/O		
Proper hot holding temperatures			
22	<input checked="" type="radio"/> IN <input type="radio"/> OUT N/A		
Proper cold holding temperatures			
23	<input checked="" type="radio"/> IN <input type="radio"/> OUT N/A N/O		
Proper date marking & disposition			
24	<input checked="" type="radio"/> IN <input type="radio"/> OUT N/A N/O		
Time as a public health control: procedures & records			
<b>Consumer Advisory</b>			
25	<input checked="" type="radio"/> IN <input type="radio"/> OUT N/A		
Consumer advisory provided for raw/undercooked food			
<b>Highly Susceptible Populations</b>			
26	<input checked="" type="radio"/> IN <input type="radio"/> OUT N/A		
Pasteurized foods used; prohibited foods not offered			
<b>Food and Color Additives and Toxic Substances</b>			
27	<input checked="" type="radio"/> IN <input type="radio"/> OUT N/A		
Food additives: approved & properly used			
28	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
Toxic substances properly identified, stored, & used			
<b>Conformance with Approved Procedures</b>			
29	<input checked="" type="radio"/> IN <input type="radio"/> OUT 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		COS	R
<b>Safe Food and Water</b>			
30	<input checked="" type="radio"/> IN <input type="radio"/> OUT N/A		
Pasteurized eggs used where required			
31	<input checked="" type="radio"/> IN <input type="radio"/> OUT N/A		
Water & ice obtained from an approved source			
32	<input checked="" type="radio"/> IN <input type="radio"/> OUT N/A		
Variance obtained for specialized processing methods			
<b>Food Temperature Control</b>			
33	<input checked="" type="radio"/> IN <input type="radio"/> OUT N/A N/O		
Proper cooling methods used; adequate equipment for temperature control			
34	<input checked="" type="radio"/> IN <input type="radio"/> OUT N/A N/O		
Plant food properly cooked for hot holding			
35	<input checked="" type="radio"/> IN <input type="radio"/> OUT N/A N/O		
Approved thawing methods used			
36	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
Thermometers provided & accurate			
<b>Food Identification</b>			
37	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
Food properly labeled; original container			
<b>Prevention of Food Contamination</b>			
38	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
Insects, rodents, & animals not present			
39	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
Contamination prevented during food prep, storage & display			
40	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
Personal cleanliness			
41	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
Wiping cloths: properly used & stored			
42	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
Washing fruits & vegetables			

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

Food Recalls:

Person in Charge (Signature)

Date: 09/17/20

Inspector (Signature)