

Type: Full

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

# Food and Beverage Establishment Inspection Report

Page 1

#### Location:

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

### **License Categories:**

FAIF, FBLB, HOSP, FBSC, FBC2

Expires on: 12/31/20

#### **Establishment Info:**

ID #: 0013849 Risk: Medium

Announced Inspection: No

### **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
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# Food and Beverage Establishment Inspection Report

Caledonia Elementary
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	on Manager <u>Rita A</u>	. McCormi	<u>ck</u>	<u> </u>
Certification Number:	FM7844	Expires:	08/30/22	
Inspection report revi	ewed with person	in charge	and emailed.	
Signed:			Signed:	- James
Establishment	Representative		Sam	Boysen
			Publi	c Health Sanitarian

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

				No. of RF/PHI Categories	Out	1	Date 09	/17
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DEPARTMENT				· · · · · · · · · · · · · · · · · · ·				.21
OF HEALTH	Alle			_egal Authority MN Rules			Time Out	
Caledonia Elementary	Address Rita McCormick, Fd. Ser. Dir.		City/Sta Caledo		<b>Zip Code</b> 559211195	Teleph 50772	n <b>one</b> 253389	
License/Permit #	Permit Holder			e of Inspection	Est Type		Risk Categor	v
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	DBORNE ILLNESS RISK FAC		AND PUB		VENTIONS  ("X" in appropriate box	v for COC o	and/or D	
IN= in compliance OUT= not in o	status (IN, OUT, N/O, N/A) for each numbered compliance <b>N/O=</b> not observed		not applicable		n-site during inspection		R= repeat vio	latio
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(IN) OUT Proper use of r	reporting, restriction & exclusion		22( IN)	OUT N/A Proper cold	holding temperatur	res		
	responding to vomiting & diarrheal		23( IN)	OUT N/A N/O Proper date	marking & disposit	tion		
CVCIIIS	od Hygenic Practices			_	public health control		res & records	
_	tasting, drinking, or tobacco use				onsumer Advisory			
1.70 Tropor daming,	from eyes, nose, & mouth		25 IN		advisory provided for		dercooked food	1
<u> </u>	g Contamination by Hands	. 1			Susceptible Popula	ations		
(IN) OUT N/O Hands clean 8	k properly washed		26 IN	OUT(N/A) Pasteurized	d foods used; prohib	oited foods	s not offered	
	contact with RTE foods or pre-approved	ı			Color Additives an			
alternate pprod	cedure properly followed				ves: approved & pro	· ·		
	dwashing sinks supplied/accessible		28(IN)		ances properly iden			L
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Protectio	n from Contamination		prevalent	contributing factors of food	lborne ilİness or inju	ury. <b>Publi</b> c	c Health Interv	/en
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Good Retail Practice Mark "X" in box if numbered item is  Safe Food  NOUT N/A Pasteurized  NOUT N/A Pasteurized  NOUT N/A Variance obtained from the second	surfaces: cleaned & sanitized tion of returned, previously served, & unsafe food  GOC ces are preventative measures to contro not in compliance Mark "X  d and Water eggs used where required m an approved source ined for specialized processing methods erature Control sed; adequate equipment for Il properly cooked for hot holding thawing methods used accurate entification inal container Food Contamination s not present during food prep, storage & display	ol the addit	AIL PRACtion of pathogoriate box for 43	ens, chemicals, and physic COS and/or R COS  Pro In-use utensils: properly Utensils, equipment & li Single-use/single servic Gloves used properly  Utensil Food & non-food contact designed, constructed, & Warewashing facilities: Non-food contact surface  FHOT & cold water available Plumbing installed; properly Sewage & waste water Toilet facilities: properly Garbage & refuse properly Physical facilities installed Adequate ventilation & I	cal objects into food: S=corrected on-site dui per Use of Utensils stored mens: properly store e articles: properly s  Equipment and Ve et surfaces cleanable a used installed, maintained es clean  Physical Facilities per backflow devices properly disposed constructed, supplied orly disposed; facilities det, maintained, & cl ighting; designated	Is. ring inspect  s  ed, dried, a stored & u  ending e, properly d, & used  ure s  ed, & clea	& handled used  y ; test strips  aned ained	