

Type: Full

Date: 09/17/20 Time: 10:57:00 Report: 7920201109

Food and Beverage Establishment Inspection Report

Page 1

Location:

Caledonia Middle School/High S 825 Warrior Avenue

Caledonia, MN55921 Houston County, 28

License Categories:

FAIF, FBLB, HOSP, FBSC, FBC2

Expires on: 12/31/20

Establishment Info:

ID #: 0016395 Risk: High

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.

No NEW orders were issued during this inspection.

Food and Equipment Temperatures

Process/Item: Fruit, vegetables, dairy

Temperature: 34 Degrees Fahrenheit - Location: Walk-In Cooler

Violation Issued: No

Process/Item: Bkfst food, pizza,

Temperature: -6 Degrees Fahrenheit - Location: Upright Freezer

Violation Issued: No

Process/Item: Deli meat, salads

Temperature: 34 Degrees Fahrenheit - Location: Upright Cooler

Violation Issued: No

Process/Item: Hoggies, cheese, fruit

Temperature: 38 Degrees Fahrenheit - Location: Upright Cooler

Violation Issued: No

Process/Item: Chili

Temperature: 180 Degrees Fahrenheit - Location: Cooking

Violation Issued: No

Process/Item: Condiments

Temperature: 35 Degrees Fahrenheit - Location: Upright Cooler

Violation Issued: No

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Food and Beverage Establishment Inspection Report

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Caledonia Middle School/High S

Establishment Info:	rita_	_mccormick_	_cps.k12.mn.us
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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 7920201109 of 09/17/20.

Certified Food Protectio	n Manager <u>Bonni</u>	e M Schmit	Z							
Certification Number:	FM42515	Expires:	12/22/20							
Inspection report reviewed with person in charge and emailed.										
Signed:Establishment l	Representative		Signed:	Sam Boy	sen Sen					

Public Health Sanitarian Rochester District Office 507-206-2719

samuel.boysen@state.mn.us

			N	o. of RF/PHI Categories	Out	0	Date 09	9/17/
			N	o. of Repeat RF/PHI Cate	egories Out	0	Time In 10	0:57:
DEPARTMENT		-		egal Authority MN Rules			Time Out	
OF HEALTH Caledonia Middle School/High S	Address		City/Stat	<u> </u>	Zip Code	Telen	hone	
Caledonia Middle School/High S	825 Warrior Avenue		Caledon		55921		253389	
License/Permit #	Permit Holder			of Inspection	Est Type		Risk Catego	ry
0016395	Ind. School District No. 299		Full				Н	
	DODBORNE ILLNESS RISK FAC Ince status (IN, OUT, N/O, N/A) for each numbere		AND PUBL		VENTIONS "X" in appropriate box	y for COS	and/or R	
	t in compliance N/O= not observed		not applicable		-site during inspection		R= repeat vi	olatio
Compliance Status		cos R	Com	pliance Status				To
	Surpervision	1 2 7			mperature Contro	ol for Saf	ety	
	dgeable; duties & oversight		18(IN) O	UT N/A N/O Proper cook	king time & tempera	ature	-	
IN OUT N/A Certified for	od protection manager, duties		19 IN O	UT N/A(N/O) Proper rehe	ating procedures for	or hot ho	lding	
	Employee Health		20 IN O	UT N/A N/O Proper cool	ing time & tempera	ature		
→ 1-3 · · ·	knowledge,responsibilities&reporting		21 IN O	UT N/A N/O Proper hot h	nolding temperature	es		
(") 001	of reporting, restriction & exclusion for responding to vomiting & diarrheal				holding temperatu			
IN OUT Procedures events	for responding to vorniting & diarrnear			UT N/A N/O Proper date				
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\sim	ng, tasting, drinking, or tobacco use		25		nsumer Advisory		dorocalis -l f	d
<u> </u>	ge from eyes, nose, & mouth		25 IN C	$\overline{}$	advisory provided fo		iuercooked foo	u
	nting Contamination by Hands an & properly washed		26 IN C	$\overline{}$	Susceptible Popul foods used; prohib		ds not offered	
No hare ha	an & properly washed and contact with RTE foods or pre-approved	4	20 114 0		Color Additives ar			
	procedure properly followed	u	27 IN O	\sim	es: approved & proved			Т
(IN) OUT Adequate h	nandwashing sinks supplied/accessible		28(IN)O	UT Toxic substa	ances properly ider	ntified, st	ored, & used	
	Approved Source			Conformano	e with Approved	Procedu	ıres	
	ned from approved source		29 IN O	UT(N/A) Compliance	with variance/spec	cialized p	rocess/HACCI	>
IN OUT N/A(N/O) Food receiv								
	od condition, safe, & unadulterated							
4 IN OUT N/A) N/O parasite de	ecords available; shellstock tags, struction		Diek feete	rs(RF) are improper pract	tions or propositive	na idantifi	ad as the most	
Protec	tion from Contamination		prevalent	contributing factors of food	borne illness or inj	ury. Publ	ic Health Inte	ven
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	rated and protected ct surfaces: cleaned & sanitized			·		3 Of Hijury		
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6 IN OUT N/A Food conta	ct surfaces: cleaned & sanitized osition of returned, previously served, ed, & unsafe food			· · · · · · · · · · · · · · · · · · ·		s or injury		
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