

Type: Full
Date: 04/11/24
Time: 11:15:15
Report: 8074241070

Food and Beverage Establishment Inspection Report

Page 1

Location:

Tower View Alternative High Sc
163 Tower View Drive
Red Wing, MN55066
Goodhue County, 25

Establishment Info:

ID #: 0040719
Risk: Low
Announced Inspection: No

License Categories:

HOSP, FBLB, FBC2

Expires on: 12/31/24

Operator:

Jess Pena
Phone #: 6513854583
ID #: 58689

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 10/18/22 have NOT been corrected.

4-300 Equipment Numbers and Capacities

4-302.12B

MN Rule 4626.0705B Provide a readily accessible food temperature measuring device with a small diameter probe to measure the temperature in thin foods such as meat patties and fish fillets.

PROVIDE A SMALL DIAMETER THERMOMETER TO TAKE COLD AND HOT TEMPERATURE WHEN FOOD IS RECEIVED AND BEFORE SERVING

Issued on: 10/18/22

Comply By: 10/25/22

No NEW orders were issued during this inspection.

Food and Equipment Temperatures

Process/Item: Display Cooler

Temperature: 38 Degrees Fahrenheit - Location: milk

Violation Issued: No

Process/Item: Hot Holding

Temperature: 137 Degrees Fahrenheit - Location: beef and mash potatoes

Violation Issued: No

Total Orders	In This Report	Priority 1	Priority 2	Priority 3
		0	0	1

Disposable dishes used, food brought from high school and delivered at 11:30. Serves between 8-12 kids.

Receiving temperature recorded.

Establishment Info:

Email reports to:

Type: Full
Date: 04/11/24
Time: 11:15:15
Report: 8074241070
Tower View Alternative High Sc

Food and Beverage Establishment Inspection Report

Donna Latuff-Langhans, High School Head Cook, dflatuff-langhans@rwps.org
echristianson@gced.k12.mn.us

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

I acknowledge receipt of the Minnesota Department of Health inspection report number 8074241070 of 04/11/24.

Certified Food Protection Manager: _____

Certification Number: _____ Expires: ____/____/____

Signed: _____

Establishment Representative

Signed:  _____

Andrea Kieffer

Rochester District Office