

Minnesota Department of Health Minnesota Department of Health PO Box 64975 St. Paul, MN 55164-0975 651-201-4500

Type: Full
Date: 10/15/24
Time: 10:30:00
Report: 8010241166

# Food and Beverage Establishment Inspection Report

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#### Location:

Stowe Elementary 715 - 101st Avenue West Duluth, MN55808 St. Louis County, 69

### **License Categories:**

FAIF, FBLB, HOSP, FBSC, FBC2

Expires on: 12/31/24

#### Establishment Info:

ID #: 0022253 Risk: High

Announced Inspection: No

#### Operator:

Ind. School District No. 709

Phone #: 2183368707

ID#: 27942

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.

### **Surface and Equipment Sanitizers**

Chlorine: = 100 PPM at Degrees Fahrenheit Location: WIPING CLOTH BUCKET

Violation Issued: No

Hot Water: = at Degrees Fahrenheit

Location: DISHWASHER SANITIZING CYCLE-TEMP TAPE TURNED BLACK

Violation Issued: No

#### **Food and Equipment Temperatures**

Process/Item: Cooking

Temperature: 181 Degrees Fahrenheit - Location: SWEET POTATO FRIES

Violation Issued: No

Process/Item: Hot Holding

Temperature: 173 Degrees Fahrenheit - Location: MAC & CHEESE BITES-HOT HOLDING UNIT

Violation Issued: No

Process/Item: Hot Holding

Temperature: 137 Degrees Fahrenheit - Location: SWEET POTATO FRIES-HOT HOLDING UNIT

Violation Issued: No.

Process/Item: Upright Cooler

Temperature: 39 Degrees Fahrenheit - Location: MILK-MILK COOLER

Violation Issued: No

Process/Item: Walk-In Cooler

Temperature: 35 Degrees Fahrenheit - Location: MILK

Violation Issued: No

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Stowe Elementary

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Process/Item: Walk-In Freezer

Temperature: 38 Degrees Fahrenheit - Location: SLICED CUCUMBERS

Violation Issued: No

Process/Item: Walk-In Freezer

Temperature: Degrees Fahrenheit - Location: FOODS FROZEN

Violation Issued: No

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

#### **COMMENTS:**

DISCUSSED THE EXCLUSION OF EMPLOYEES ILL WITH VOMITING OR DIARRHEA FROM THE FOOD ESTABLISHMENT FOR 24 HOURS AFTER SYMPTOMS ARE GONE.

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 8010241166 of 10/15/24.

Certified Food Protection Manager Julie A. Cullen

Certification Number: FM85357 Expires: 08/11/25

Inspection report reviewed with person in charge and emailed.

Signed:\_\_\_\_\_

Julie Cullen Kitchen Manager Signed:

651-201-4500

8010

health.foodlodging@state.mn.us

Shed R Rosine

| M   | Minnesota Depart   | nesota Department of Health   |          |                |  | No. of RF/PH   | 0   | 0 <b>Date</b> 10/15   |   |   |             |
|---|--|---|----------|----------------|--|--|---|---|---|---|-------------|
|   | Minnesota Depart<br>PO Box 64975   | tment of Health   |          |                |  | No. of Repea   | t RF/PHI Cate   | gories Out  | 0   | Time In   | 0:30:       |
| DEPARTMENT<br>OF HEALTH   | St. Paul, MN 5516  | 4-0975  |          |                |  | Legal Author   | rity MN Rules   | Chapter 4626  |   | Time Out  |             |
| Stowe Elementary  |  | Address 715 - 101st Avenue West   |          | •              | City/S<br>Duluth   |  |   | Zip Code<br>55808   |   | ohone<br>3368707  |             |
| License/Permit #  |  | Permit Holder   |          |                |  | se of Inspecti   | on  | Est Type  |   | Risk Categ  | ory         |
| 0022253   |  | Ind. School District No. 709  |          |                | Full   |  |   |   |   | Н   |             |
|   |  | ORNE ILLNESS RISK FAC   | _        | RS A           | ND PUI   | BLIC HEAL  |   |   |   |   |             |
| Circle des  | signated compliance statu<br>OUT= not in comp  | us (IN, OUT, N/O, N/A) for each numbered bliance N/O= not observed  |          | N/A - n        | ot applicable  |  |   | "X" in appropriate box<br>site during inspection  |   | and/or R  R= repeat   | iolatio     |
| •   | <u> </u>   | M/O= not observed   | 1        |                |  |  |   | site during inspection  |   | <b>K</b> ≡ Tepeat   |             |
| Compliance S  |  | Surpervision  | СО       | \$ R           | Co   | mpliance St  |   | nperature Control   | for Sa  | foty  | С           |
| (IN)OUT   | 1  | e; duties & oversight   | П        |                | 18( IN   | OUT N/A N/O  |   | ing time & tempera  |   | iety  |             |
| IN OUT N/A  |  | ection manager, duties  |          |                |  |  |   | ating procedures fo   |   | olding  |             |
|   | Em   | nployee Health  |          |                |  |  |   | ng time & temperat  |   |   |             |
| (IN) OUT  |  | dge,responsibilities&reporting  |          |                | 21 IN  | OUT N/A N/O  | Proper hot h  | olding temperature  | :S  |   |             |
| IN) OUT   | <u>'</u>   | rting, restriction & exclusion  | _        |                | 22 IN  | OUT N/A  | Proper cold I   | holding temperatur  | es  |   |             |
| N OUT   | Procedures for respectors  | ponding to vomiting & diarrheal   |          |                | $\rightarrow$  |  | <u> </u>  | marking & disposit  |   |   |             |
|   | -  | lygenic Practices   | _        |                | 24 IN  | OUT N/A N/O  | <u> </u>  | ublic health control:   | proced  | ures & record   | s           |
| $\sim$  | 1 0,   | ing, drinking, or tobacco use   |          | Ш              | or!  | 0117   |   | nsumer Advisory   |   | 1 15  | اد۔         |
| NOUT N/   | No discharge from  | * ' '   |          |                | 25 IN  | OUT(N/A)   |   | dvisory provided fousceptible Popula  |   | naercooked fo   | od          |
| 8 IN OUT N/   | Preventing Co  | ontamination by Hands   |          |                | 26 IN  | OUT(N/A)   |   | foods used; prohib  |   | ds not offered  |             |
|   | •  | tact with RTE foods or pre-approved   | +        | $\vdash$       | _9•  | ,  |   | color Additives an  |   |   | _           |
| 9 (IN) OUT N/A N/   |  | ure properly followed   |          |                | 27 IN  | OUT(N/A)   | 1   | es: approved & pro  |   |   |             |
| IO(IN) OUT  | <u> </u>   | shing sinks supplied/accessible   |          |                | 28 IN  | )OUT   |   | inces properly iden   |   |   |             |
| (N) OUT   |  | roved Source<br>m approved source   |          |                |  |  | 1   | e with Approved I   |   |   |             |
| I (IN) OUT  |  | •   |          | $\vdash$       | 29 IN  | OUT(N/A)   | Compliance  | with variance/spec  | ialized   | orocess/HACC  | P           |
| 2 IN OUT N/A(N/0  | Food received at p   | roper temperature   | 1        |                |  |  |   |   |   |   |             |
| a CIVIT   | 4  | <u> </u>  | -        |                |  |  |   |   |   |   |             |
| 3 IN OUT  | Food in good cond  | lition, safe, & unadulterated   |          |                |  |  |   |   |   |   |             |
| 3 IN OUT  | Food in good cond  | lition, safe, & unadulterated available; shellstock tags,   |          |                | Dick fa  | ctors (PE) are   | improper practi   | icos or proceedure  | s identif   | ind as the mon  | ·+          |
|   | Food in good cond Required records a parasite destruction  | lition, safe, & unadulterated available; shellstock tags,   |          |                | prevale  | nt contributing  | factors of foodb  | ices or proceedures   | ry. Pub   | lic Health Inte   | st<br>erven |
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