



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

Page 1

Location:

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

Establishment Info:

ID #: 0022253
Risk: High
Announced Inspection: No

License Categories:

FAIF, FBLB, HOSP, FBSC, FBC2

Expires on: 12/31/24

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

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

Food and Beverage Establishment Inspection Report

Page 2

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: Daniel R. Kozinski
8010

651-201-4500
health.foodlodging@state.mn.us

Report #: 8010241166

Food Establishment Inspection Report



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

No. of RF/PHI Categories Out

0

Date 10/15/24

No. of Repeat RF/PHI Categories Out

0

Time In 10:30:00

Legal Authority MN Rules Chapter 4626

Time Out

Stowe Elementary

Address

715 - 101st Avenue West

City/State

Duluth, MN

Zip Code

55808

Telephone

2183368707

License/Permit #

0022253

Permit Holder

Ind. School District No. 709

Purpose of Inspection

Full

Est Type

Risk Category

H

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 |
|--|----------------|-----|---|
| Supervision | | | |
| 1 | IN OUT | | |
| 2 | IN OUT N/A | | |
| Employee Health | | | |
| 3 | IN OUT | | |
| 4 | IN OUT | | |
| 5 | IN OUT | | |
| Good Hygienic Practices | | | |
| 6 | IN OUT N/O | | |
| 7 | IN OUT N/O | | |
| Preventing Contamination by Hands | | | |
| 8 | IN OUT N/O | | |
| 9 | IN OUT N/A N/O | | |
| 10 | IN OUT | | |
| Approved Source | | | |
| 11 | IN OUT | | |
| 12 | IN OUT N/A N/O | | |
| 13 | IN OUT | | |
| 14 | IN OUT N/A N/O | | |
| Protection from Contamination | | | |
| 15 | IN OUT N/A N/O | | |
| 16 | IN OUT N/A | | |
| 17 | IN OUT | | |

| Compliance Status | | COS | R |
|--|----------------|-----|---|
| Time/Temperature Control for Safety | | | |
| 18 | IN OUT N/A N/O | | |
| 19 | IN OUT N/A N/O | | |
| 20 | IN OUT N/A N/O | | |
| 21 | IN OUT N/A N/O | | |
| 22 | IN OUT N/A | | |
| 23 | IN OUT N/A N/O | | |
| 24 | IN OUT N/A N/O | | |
| Consumer Advisory | | | |
| 25 | IN OUT N/A | | |
| Highly Susceptible Populations | | | |
| 26 | IN OUT N/A | | |
| Food and Color Additives and Toxic Substances | | | |
| 27 | IN OUT N/A | | |
| 28 | IN OUT | | |
| Conformance with Approved Procedures | | | |
| 29 | IN OUT N/A | | |

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 |
|---|----------------|-----|---|
| Safe Food and Water | | | |
| 30 | IN OUT N/A | | |
| 31 | | | |
| 32 | IN OUT N/A | | |
| Food Temperature Control | | | |
| 33 | | | |
| 34 | IN OUT N/A N/O | | |
| 35 | IN OUT N/A N/O | | |
| 36 | | | |
| Food Identification | | | |
| 37 | | | |
| Prevention of Food Contamination | | | |
| 38 | | | |
| 39 | | | |
| 40 | | | |
| 41 | | | |
| 42 | | | |

| Compliance Status | | COS | R |
|--------------------------------------|--|-----|---|
| Proper Use of Utensils | | | |
| 43 | | | |
| 44 | | | |
| 45 | | | |
| 46 | | | |
| Utensil Equipment and Vending | | | |
| 47 | | | |
| 48 | | | |
| 49 | | | |
| Physical Facilities | | | |
| 50 | | | |
| 51 | | | |
| 52 | | | |
| 53 | | | |
| 54 | | | |
| 55 | | | |
| 56 | | | |
| 57 | | | |
| 58 | | | |

Food Recalls:

Person in Charge (Signature)

Date: 10/15/24

Inspector (Signature)

Diana R. Kowalski