

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

Type: Full
Date: 10/01/24
Time: 12:15:00
Report: 8010241159

Food and Beverage Establishment Inspection Report

Page 1

Location:

Rockridge Academy 4849 Ivanhoe Street Duluth, MN55804 St. Louis County, 69

License Categories:

HOSP, FBLB, FBSC, FBC2, FAIF

Expires on: 12/31/24

Establishment Info:

ID #: 0034222 Risk: Medium

Announced Inspection: No

Operator:

Duluth School District ISD #7

Phone #: 2183368707

ID#: 48918

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-TURNED TEMP TAPE BLACK

Violation Issued: No

Food and Equipment Temperatures

Process/Item: Hot Holding

Temperature: 136 Degrees Fahrenheit - Location: SAUSAGE-STEAM TABLE

Violation Issued: No

Process/Item: Hot Holding

Temperature: 142 Degrees Fahrenheit - Location: CHEESE OMELETE-STEAM TABLE

Violation Issued: No

Process/Item: Hot Holding

Temperature: 135 Degrees Fahrenheit - Location: FRENCH TOAST-HOT HOLDING UNIT

Violation Issued: No

Process/Item: Upright Cooler

Temperature: 40 Degrees Fahrenheit - Location: PREPACKAGED LETTUCE-DESMON

Violation Issued: No

Process/Item: Upright Cooler

Temperature: 39 Degrees Fahrenheit - Location: MILK-DESMON

Violation Issued: No

Type: Full Date: 10/01/24 Time: 12:15:00 Report: 8010241159

Rockridge Academy

Food and Beverage Establishment Inspection Report

Page 2

Process/Item: Upright Cooler

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

Violation Issued: No

Process/Item: Walk-In Freezer

Temperature: Degrees Fahrenheit - Location: FOODS FROZEN

Violation Issued: No

alterations.

Signed:_

Carrie Miller Kitchen Manger

Priority 3 Total Orders In This Report Priority 1 Priority 2 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 I acknowledge receipt of the Minnesota Department of Health inspection report number 8010241159 of 10/01/24. Certified Food Protection Manager Carrie A. Miller Certification Number: FM92060 Expires: 12/29/26 Inspection report reviewed with person in charge and emailed. Ind R Rosial Signed:_

651-201-4500

health.foodlodging@state.mn.us

Minnesota Department of Health			No. of RF/PHI Categories Out					Out	0	Date	10/01/	
	Minnesota Depart PO Box 64975	ment of Health				No	o. of Repeat	RF/PHI Cate	gories Out	0	Time In	12:15:
DEPARTMENT OF HEALTH	St. Paul, MN 5516	4-0975				Le	gal Authori	ty MN Rules (Chapter 4626		Time Out	
Rockridge Academy	,	Address 4849 Ivanhoe Street		•		/State uth, M			Zip Code 55804		phone 3368707	
License/Permit #		Permit Holder					of Inspectio	n	Est Type		Risk Categ	ory
0034222		Duluth School District ISD # 7			Full						М	
		ORNE ILLNESS RISK FAC	_	RS A	ND PU	JBL	IC HEALT					
		us (IN, OUT, N/O, N/A) for each numbered		NI/A n	ot applicat	blo	60		"X" in appropriate box site during inspection		and/or R R= repeat	violotio
IN= in compliance	OUT= not in comp	liance N/O= not observed	1		ot applical				site during inspection		K= repeat	
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2 (IN)OUT N/A		ection manager, duties		\Box			$\overline{}$		ating procedures fo		oldina	
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IN) OUT	Proper use of repo	rting, restriction & exclusion			→	~	UT N/A	· ·	holding temperatur			
N) OUT		oonding to vomiting & diarrheal			23(II	N)O	UT N/A N/O	Proper date	marking & disposit	ion		
,	events Good H	lygenic Practices	1		24 II	N O	UT N/A(N/O	Time as a pu	ublic health control:	proced	dures & record	ls
6 (IN) OUT N/O		ing, drinking, or tobacco use						Cor	nsumer Advisory			
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		ontamination by Hands							usceptible Popula			
8 IN OUT N/	O Hands clean & pro	· ·	_	Ш	26 I	и О	UT(N/A)		foods used; prohib			_
9 (IN) OUT N/A N/		act with RTE foods or pre-approved are properly followed			27 II	N O	UT(N/A)	1	color Additives and es: approved & pro			
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I (IN) OUT	Food obtained from	n approved source			29 II	N O	UT(N/A)	Compliance	with variance/spec	ialized	process/HAC	CP
2 IN OUT N/A N/C	Food received at p	roper temperature						-				
I3(IN) OUT	Food in good cond	lition, safe, & unadulterated										
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