

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

Type: Full
Date: 01/30/25
Time: 12:00:00
Report: 8010251014

# Food and Beverage Establishment Inspection Report

Page 1

#### Location:

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

### **License Categories:**

FAIF, FBLB, HOSP, FBSC, FBC2

Expires on: 12/31/25

#### **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: Hot Holding

Temperature: 166 Degrees Fahrenheit - Location: MACARONI, MEAT, RED SAUCE HOT DISH-STEAM

**TABLE** 

Violation Issued: No

Process/Item: Upright Cooler

Temperature: 38 Degrees Fahrenheit - Location: MILK-MILK COOLER

Violation Issued: No

Process/Item: Walk-In Cooler

Temperature: 34 Degrees Fahrenheit - Location: MILK

Violation Issued: No

Process/Item: Walk-In Cooler

Temperature: 35 Degrees Fahrenheit - Location: PREPACKAGED YOGURT

Violation Issued: No

Type: Full Date: 01/30/25 Time: 12:00:00 Report: 8010251014

Stowe Elementary

# **Food and Beverage Establishment Inspection Report**

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Process/Item: Walk-In Freezer

Temperature: Degrees Fahrenheit - Location: FOODS FROZEN

Violation Iss	uea: 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 8010251014 of 01/30/25.

Certified Food Protection	n Manager <u>Julie A</u>	. Cullen	
Certification Number:	FM85357	Expires: _	08/11/25

Inspection report reviewed with person in charge and emailed.

Signed:\_\_\_ 8010

Julie Cullen Kitchen Manager

651-201-4500

health.foodlodging@state.mn.us

Report #: 80102510	Food Estable Minnesota Department of Health					I Categories Ou		0	Date 01	/30/
	Minnesota Department of Health							Time In 12	01/30/25	
DEPARTMENT OF HEALTH	PO Box 64975 St. Paul, MN 55164-0975								Time III	
Stowe Elementary	Address			City/S			Zip Code		phone	
License/Permit #	715 - 101st Avenue West  Permit Holder			Duluth	se of Inspecti	on	55808 Est Type	218	3368707 Risk Catego	~
0022253	Ind. School District No. 709			Full	se of mspecti	on	Lat Type		H	У
	FOODBORNE ILLNESS RISK F	ACTO	RS A	ND PUE	BLIC HEAL	TH INTERVE	ENTIONS			
	gnated compliance status (IN, OUT, N/O, N/A) for each numb				_		(" in appropriate box			
IN= in compliance	OUT= not in compliance N/O= not observed			ot applicable			ite during inspection	1	R= repeat vio	_
Compliance St	Surpervision	CO	\$ R	Co	mpliance St		perature Contro	l for Sa	efoty	C
1 (IN) OUT	PIC knowledgeable; duties & oversight			18 IN	OUT N/A( N/O		g time & tempera		ilety	1
2 (IN)OUT N/A	Certified food protection manager, duties				OUT N/A( N/O	4	ing procedures fo		olding	
	Employee Health				$\rightarrow$	4	g time & tempera		- · J	
3 (IN) OUT	Mgmt/Staff;knowledge,responsibilities&reporting		Ш	21 IN	OUT N/A N/O	Proper hot hol	lding temperature	es		
4 (IN) OUT	Proper use of reporting, restriction & exclusion		Ш	22 IN	OUT N/A	Proper cold ho	olding temperatur	res		
5 (IN) OUT	Procedures for responding to vomiting & diarrheal events			23 IN	OUT N/A N/O	Proper date m	narking & disposit	tion		
	Good Hygenic Practices			24 IN	OUT N/A N/O	Time as a pub	olic health control	: proced	dures & records	
6 (IN) OUT N/C	Proper eating, tasting, drinking, or tobacco use						sumer Advisory			
7 (IN) OUT N/C	No discharge from eyes, nose, & mouth			25 IN	OUT N/A		visory provided fo		ndercooked foo	d
	Preventing Contamination by Hands			00 11:	OLIT ALIA		sceptible Popula		1	
8 IN OUT N/C	Hands clean & properly washed		$\sqcup$	26 IN	OUT(N/A)		oods used; prohib			
9 (IN) OUT N/A N/C	No bare hand contact with RTE foods or pre-appro alternate pprocedure properly followed	/ed		27 IN	OUT(N/A)	1	s: approved & pro			1
10 IN ) OUT	Adequate handwashing sinks supplied/accessible		-		OUT	+	ces properly ider			+
	Approved Source						with Approved			
1 (IN) OUT	Food obtained from approved source			29 IN	OUT(N/A)	Compliance w	vith variance/spec	cialized	process/HACCF	
12 IN OUT N/A N/C	Food received at proper temperature		Ш			1				
13( IN) OUT	Food in good condition, safe, & unadulterated	1								
$\rightarrow$										
	Required records available; shellstock tags,									
	parasite destruction			Risk fac	ctors(RF) are	improper practice	es or proceedure	s identi	fied as the most	ven•
14 IN OUT N/A) N/C	parasite destruction  Protection from Contamination			prevaler	nt contributing	factors of foodbo	es or proceedure orne illness or inju foodborne illness	ury. Pub	lic Health Inter	vent
14 IN OUT N/A N/C	Protection from Contamination  Food separated and protected			prevaler	nt contributing	factors of foodbo	orne ilİness or inju	ury. Pub	lic Health Inter	vent
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