

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

Type: Full
Date: 01/10/24
Time: 12:00:00
Report: 8010241010

Food and Beverage Establishment Inspection Report

Page 1

Location:

Laura MacArthur School 720 North Central Avenue Duluth, MN558071398 St. Louis County, 69

License Categories:

FAIF, FBLB, HOSP, FBSC, FBC2

Expires on: 12/31/24

Establishment Info:

ID #: 0022247 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: = 50 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: 160 Degrees Fahrenheit - Location: BROCCOLI/CAULIFLOWER/CORN-STEAM TABLE

Violation Issued: No

Process/Item: Hot Holding

Temperature: 158 Degrees Fahrenheit - Location: BROCCOLI/CAULIFLOWER/CORN-STEAM TABLE

Violation Issued: No

Process/Item: Hot Holding

Temperature: 155 Degrees Fahrenheit - Location: PEPPERONI PIZZA-HOT HOLDING UNIT

Violation Issued: No

Process/Item: Cooking

Temperature: 195 Degrees Fahrenheit - Location: CHEESE PIZZA-OVEN

Violation Issued: No

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Laura MacArthur School
Process/Item: Upright Cooler Temperature: 40 Degrees Fahrenheit - Location: MILK-MILK COOLER Violation Issued: No
Process/Item: Upright Cooler Temperature: 38 Degrees Fahrenheit - Location: JUICE-VICTORY Violation Issued: No
Process/Item: Walk-In Cooler Temperature: 38 Degrees Fahrenheit - Location: PREPACKAGED LETTUCE Violation Issued: No
Process/Item: Walk-In Cooler Temperature: 38 Degrees Fahrenheit - Location: SLICED TURKEY 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.
DISTRIBUTED A COOLING FACT SHEET.
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 8010241010 of 01/10/24.
Certified Food Protection Manager Georgia Van Allen
Certification Number: FM76191 Expires: 12/13/26
Inspection report reviewed with person in charge and emailed.
Signed: Signed:
Georgia Van Allen 8010 Kitchen Manager
651-201-4500
health.foodlodging@state.mn.us

	Minnesota Depar	tment of Health						Repo		0	Date 0	1/10
	Minnesota Department of Health PO Box 64975 St. Paul, MN 55164-0975				No. of Repeat RF/PHI Categories Out				0	Time In 1	Time In 12:00:0	
DEPARTMENT OF HEALTH					Legal Authority MN Rules Chapter 4626						Time Out	
Laura MacArthur Sch	nool	Address 720 North Central Avenue				y/Stat			Zip Code		phone	
License/Permit #		Permit Holder			_	luth, N		on	558071398 Est Type	210	3368707 Risk Catego	rv
0022247 Fermit Holder Ind. School District No. 709					Purpose of Inspection Est Type Risk Categ							.,
	FOODE	BORNE ILLNESS RISK FAC	TOF	RS A	ND P	UBL	IC HEAL	TH INTERV	ENTIONS			
		tus (IN, OUT, N/O, N/A) for each numbered							"X" in appropriate box			
IN= in compliance	OUT= not in com	pliance N/O= not observed	1		ot applic				site during inspection		R= repeat v	_
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1 (IN) OUT		e; duties & oversight	Ι		18(OCIAL	LIT N/A N/C		ing time & tempera		ilety	_
2 IN OUT N/A		ection manager, duties			\rightarrow				ating procedures fo		oldina	+
	<u> </u>	nployee Health							ng time & temperat		olding	+
3 (IN) OUT	Mgmt/Staff;knowle	edge,responsibilities&reporting				_	$\overline{}$	4	olding temperature			+
1 (IN) OUT	Proper use of repo	orting, restriction & exclusion			\rightarrow	${} \leftarrow$	UT N/A		holding temperatur			+
		ponding to vomiting & diarrheal				~		· ·	marking & disposit			+
O(IN) OUT	events	Avgonic Practices			\rightarrow	${ extstyle \leftarrow}$		<u> </u>	ublic health control		dures & records	+
6 (IN) OUT N/O	1	Hygenic Practices ting, drinking, or tobacco use				<i></i>		<u> </u>	nsumer Advisory	. p. 0000		
14/0		ting, drinking, or tobacco use		\vdash	25	IN O	UT(N/A)		dvisory provided for	or raw/u	indercooked for	od
IN OUT IN/C	- 1	contamination by Hands					,		usceptible Popula			-
8 IN) OUT N/0	O Hands clean & pro	•			26(ÎN)O	UT N/A		foods used; prohib		ods not offered	
	No bare hand con	stact with RTE foods or pre-approved		\Box				Food and C	olor Additives an	d Toxi	c Substances	
9 (IN) OUT N/A N/		ure properly followed			27	IN O	UT(N/A)	Food additive	es: approved & pro	perly u	ised	\perp
10(IN) OUT	<u> </u>	ashing sinks supplied/accessible			28(IN) O	UT		nces properly ider			Ι
0		roved Source						Conformance	e with Approved	Proced	lures	
1 (IN) OUT		m approved source			29	IN O	UT(N/A)	Compliance	with variance/spec	cialized	process/HACC	P
12 IN OUT N/A(N/C	Food received at p	proper temperature										
I3(IN) OUT		dition, safe, & unadulterated										
14 IN OUT(N/A) N/C		available; shellstock tags,										
111 00 10 10 10 10 10 10 10 10 10 10 10	parasite destruction											
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