

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

 Type:
 Full

 Date:
 11/18/24

 Time:
 11:00:00

 Report:
 8010241191

Food and Beverage Establishment Inspection Report

Page 1

Location:

Ordean East Middle School 2900 East 4th Street Duluth, MN558121597 St. Louis County, 69

License Categories: FAIF, FBLB, HOSP, FBSC, FBSW, FBC2 Establishment Info: ID #: 0022240 Risk: High Announced Inspection: No

Operator:

Ind. School District No. 709

Phone #: 2183368707 ID #: 27942

Expires on: 12/31/24

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: = 200 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: 154 Degrees Fahrenheit - Location: CHEESEBURGER

Violation Issued: No

Process/Item: Hot Holding

Temperature: 135 Degrees Fahrenheit - Location: CHICKEN BURGER

Violation Issued: No

Process/Item: Hot Holding

Temperature: 158 Degrees Fahrenheit - Location: HAMBURGER

Violation Issued: No

Process/Item: Hot Holding

Temperature: 154 Degrees Fahrenheit - Location: MAC & CHEESE BALLS

Violation Issued: No

Process/Item: Walk-In Cooler

Temperature: 40 Degrees Fahrenheit - Location: PREPACKAGE LETTUCE

Violation Issued: No

 Type:
 Full

 Date:
 11/18/24

 Time:
 11:00:00

 Report:
 8010241191

 Ordean East Middle School

Food and Beverage Establishment Inspection Report

Process/Item: Walk-In Cooler Temperature: 38 Degrees Fahrenheit - Location: MILK Violation Issued: No

Process/Item: Walk-In Freezer Temperature: Degrees Fahrenheit - Location: FOODS FROZEN Violation Issued: No

Total Orders In This ReportPriority 1Priority 2Priority 3000

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 8010241191 of 11/18/24.

Certified Food Protection Manager Debra McKowski

Certification Number: <u>FM34471</u> Expires: <u>03/29/25</u>

Inspection report reviewed with person in charge and emailed.

Signed:

Debra McKowski Kitchen Manager

Signed:	Delizato	P	Vain	81
	8010	1-		-V

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

100		Minnesota Danart	Food Establis				-		•		0	Date 11	1/18/2	24
Minnesota Department of Health DEPARTMENT PO Box 64975 OF HEALTH St. Paul, MN 55164-0975				_	No. of RF/PHI Categories Out No. of Repeat RF/PHI Categories Out									
					Legal Authority MN Rules Cha			-	0	Time In 11 Time Out	1:00:0	JU		
				0.4		0	ity MN Rules (•	Tala					
Ordean I	East Middle So	chool	Address 2900 East 4th Street				y/Stat Iluth, N			Zip Code 558121597		phone 3368707		
		Permit Holder				,	of Inspection	n	Est Type	Risk Category				
License/Permit # Permit Holder 0022240 Ind. School District No. 709				Fu		or mopoone		20(1))0		H	.,			
	0		ORNE ILLNESS RISK FAC			ND F	UBL	IC HEAL						
IN= in	Circle design n compliance	outed compliance statu OUT= not in comp	is (IN, OUT, N/O, N/A) for each numbered liance N/O= not observed	item		ot applic	able	co		X" in appropriate box site during inspection	for COS	and/or R R= repeat vie	olatior	ก
Com	npliance Stat	tus			SR			pliance Sta		• •				os
0011			urpervision		, , , , ,		00111			nperature Control	for Sa	fetv		53
	DUT		; duties & oversight			18	IN O	UT N/A N/C		ng time & tempera			1	T
		· · ·	ction manager, duties		+	19			4	ting procedures fo		olding	-	+
$\overline{}$		Em	ployee Health			20			4	ng time & temperat				+
3 (IN) C	JUT TUC	Mgmt/Staff;knowle	dge,responsibilities&reporting			21(ÎN)O	UT N/A N/C	Proper hot ho	olding temperature	s			+
	DUT	Proper use of repo	rting, restriction & exclusion			22	\sim	UT N/A	· ·	nolding temperatur				+
			oonding to vomiting & diarrheal			23	\prec	UT N/A N/C	-	marking & dispositi				-
		events	vgenic Practices			24	\smile	UT N/A N/C		blic health control:		dures & records		+
	OUT N/O		ing, drinking, or tobacco use						Cor	sumer Advisory	<u>.</u>			
		· · ·	eyes, nose, & mouth		+	25	IN C	UT(N/A)		dvisory provided fo	r raw/u	ndercooked foo	d	T
		<u>v</u>	ontamination by Hands	1	1				Highly Su	sceptible Popula	tions		-	-
8 IN) C	OUT N/O	Hands clean & pro				26	IN C	UT(N/A)	Pasteurized	foods used; prohib	ited foc	ods not offered		T
		•	act with RTE foods or pre-approved						Food and C	olor Additives an	d Toxio	c Substances	-	-
⁹ (IN) C			re properly followed			27	IN O	UT(N/A)	Food additive	es: approved & pro	perly u	sed		
10(IN) C	TUC		shing sinks supplied/accessible			28	ÎN)O	UT	Toxic substa	nces properly iden	tified, s	tored, & used		
		•••	oved Source	-					Conformance	e with Approved I	Proced	ures		
1 <u>(IN)</u> 0	-	Food obtained from		-	$\left \right $	29	IN O	UT(N/A)	Compliance	with variance/spec	ialized	process/HACCF	2	
	\rightarrow	Food received at p	roper temperature											
13(IN) O		•	ition, safe, & unadulterated											
14 IN OI		Required records a parasite destruction	vailable; shellstock tags,											
		•				Ris	c facto	ors (RF) are i	mproper praction actors of foodb	ces or proceedures orne illness or inju	s identil	fied as the most		
			om Contamination	-		(PH	alent (control meas	ures to prevent	foodborne illness	or injur	VIC Health Inter	vent	lons
\sim		Food separated an	· ·	-	$\left \right $						-			
	0110//		ces: cleaned & sanitized											
		Proper disposition reconditioned, & ur	of returned, previously served, safe food											
	<u> </u>		GOO	DI	RET	AIL PI	RAC	TICES						
	Good	Retail Practices	are preventative measures to control	the	additi	on of p	athoge	ens, chemica	ls, and physica	I objects into foods	5.			
Mark "	X" in box if nur	mbered item is not	in compliance Mark "X"	in a	approp	riate bo	ox for (COS and/or I	R COS=	corrected on-site dur	ing inspe	ection R= repea	at viola	ation
				со	S R								cos	S F
		Safe Food and	d Water							er Use of Utensils	5			
30 IN	OUT (N/A)	Pasteurized eggs	s used where required			43		In-use uter	sils: properly s	stored				
31	Water & ic	e obtained from an	approved source			44		Utensils, e	quipment & line	ens: properly store	d, dried	l, & handled		
						45		Single-use	/single service	articles: properly s	tored 8	used		
32 IN	OUT N/A	variance obtained	for specialized processing methods			46		Gloves use	ed properly					1
		Food Temperatu	re Control						Utensil E	quipment and Ve	nding			
33			adequate equipment for			47				surfaces cleanable	e, prope	erly		Т
	temperature					47		designed,	constructed, &	used				
34 IN	OUT N/A(N/	Plant food prop	perly cooked for hot holding			48		Warewash	ing facilities: in	stalled, maintained	l, & use	ed; test strips		
35 IN	OUT N/A N	Approved thav	ving methods used			49		Non-food c	ontact surface	s clean				Τ
36	Thermomet	ers provided & acc	urate						Ph	ysical Facilities				
		Food Identi				50		Hot & cold	water available	e; adequate pressu	ire			T
37	Food prope	rly labled; original of	container			51		Plumbing i	nstalled; prope	r backflow devices				+
		Prevention of Foo	od Contamination			52				operly disposed				+
38		ents, & animals not				52			· · ·	onstructed, supplie	ad & cl	eaned		+
39 Contamination prevented during food prep, storage & display										-			+	
40	Personal cle	•				54				y disposed; facilitie		nameu		+
40		s: properly used &	stored		$\left - \right $	55				l, maintained, & cle				+
			510160		<u> </u>	56		Adequate	ventilation & lig	hting; designated a	areas u	sed		_
42	vvasning fru	iits & vegetables				57		Complianc	e with MCIAA					
Food Re	calls:					58		Complianc	e with licensing	g & plan review				
Person i	in Charge (Sig	nature)								Date: 11/18/24				
Inspecto	or (Signature)	N 1 ·												
•	/		R Kount											