

Minnesota Department of Health Food, Pools, & Lodging Services P.O. Box 64975 Saint Paul, MN 55164-0975 651-201-4500

Type: Full
Date: 09/27/24
Time: 09:40:00
Report: 1006241147

## Food and Beverage Establishment Inspection Report

Page 1

#### Location:

Homecroft Elementary School 4784 Howard Gresen Road Duluth, MN558031299 St. Louis County, 69

### **License Categories:**

FAIF, FBLB, HOSP, FBSC, FBC2

Expires on: 12/31/24

#### **Establishment Info:**

ID #: 0022242 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: SANITIZER BUCKET

Violation Issued: No

Hot Water: = at 166 Degrees Fahrenheit

Location: DISH MACHINE

Violation Issued: No

#### **Food and Equipment Temperatures**

Process/Item: Walk-In Cooler

Temperature: 40 Degrees Fahrenheit - Location: CHICKEN

Violation Issued: No

Process/Item: Walk-In Cooler

Temperature: 40 Degrees Fahrenheit - Location: MELON

Violation Issued: No

Process/Item: Walk-In Cooler

Temperature: 40 Degrees Fahrenheit - Location: HAM

Violation Issued: No

Process/Item: Walk-In Freezer

Temperature: Degrees Fahrenheit - Location: ALL FOODS FROZEN

Violation Issued: No

Process/Item: Upright Cooler

Temperature: 41 Degrees Fahrenheit - Location: SILK

Violation Issued: No

Page 2

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Homecroft Elementary School

Process/Item: Milk Cooler

Temperature: 40 Degrees Fahrenheit - Location: MILK

Violation Issued: No

Process/Item: Milk Cooler

Temperature: 40 Degrees Fahrenheit - Location: MILK

Violation Issued: No

Process/Item: Upright Freezer

Temperature: Degrees Fahrenheit - Location: ALL FOODS FROZEN

Violation Issued: No.

Process/Item: Cooking

Temperature: 166 Degrees Fahrenheit - Location: CORN DOGS

Violation Issued: No

Total Orders In This Report Priority 1 Priority 2 Priority 3
0 0 0

### **COMMENTS:**

INSPECTION ACCOMPANIED BY JODI PUFF.

KITCHEN IS VERY CLEAN AND ORDERLY.

THOUGH TEMPS WERE UNDER 41F- TEMPS ON THE WALK-IN COOLER WERE RIGHT AT 40 F. AMBIENT TEMPS SEEMED TO BE RISING A LITTLE IN THE PAST FEW DAYS AND APPEARS TO BE RUNNING A LITTLE WARMER THAN IT NORMALLY DOES. DISCUSSED KEEPING AN EYE ON THE WALK-IN COOLER TEMPERATURES AND MAKING SURE IT DOESN'T RISE ANYMORE.

OBSERVED GOOD HAND WASHING AND GLOVE USE THROUGHOUT INSPECTION. DISCUSSED THE IMPORTANCE OF PROPER HAND WASHING AND NO BARE HAND CONTACT WITH ALL READY TO EAT FOODS.

DISCUSSED THE EMPLOYEE ILLNESS POLICY AND THE EXCLUSION OF EMPLOYEES SICK WITH SYMPTOMS OF VOMITING AND/OR DIARRHEA UNTIL THEY HAVE BEEN SYMPTOM FREE FOR AT LEAST 24 HOURS. ALSO, CONTACT THE DEPARTMENT OF HEALTH IF ANY EMPLOYEES ARE DIAGNOSED WITH HEPATITIS A., SHIGA TOXIN-PRODUCING E. COLI, SALMONELLA, SHIGELLA, OR NOROVIRUS OR IF THERE ARE ANY SUSPECTED FOODBORNE ILLNESS COMPLAINTS.

Page 3

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# Food and Beverage Establishment Inspection Report

Homecroft Elementary School

Jodi Puff

Kitchen Director

NOTE: Plans and specifications must be submitted for review and approval prior to new construction, remodeling or alterations.

218-302-6173 callie.harrison@state.mn.us

Callie Harrison

	Minnesota Department of Health				nent Inspection Report  No. of RF/PHI Categories Out  0 Date 0								
	Food, Pools, & L	odging Services				N	o. of Repeat	t RF/PHI Cate	gories Out	0	Time In 0	9:40	
DEPARTMENT OF HEALTH	P.O. Box 64975 Saint Paul, MN 55	5164-0975				Le	egal Author	ity MN Rules (	Chapter 4626		Time Out		
Homecroft Elementa	ry School	Address				y/State			Zip Code		phone		
License/Permit #		4784 Howard Gresen Road  Permit Holder				luth, N	of Inspection		558031299 Est Type	218	3368707 Risk Catego	\r\/	
0022242		Ind. School District No. 709			Fu	•	or mapecin	JII	Lat Type		H	,ı y	
	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				
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2 (IN)OUT N/A		ection manager, duties				$\overline{}$	$\overline{}$	4	ating procedures fo		oldina	+	
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IN) OUT	-	orting, restriction & exclusion				$\overline{}$	UT N/A	4	holding temperature			-	
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OUT OUT	events					-		<u> </u>			d 0	+	
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8 IN) OUT N/0	Hands clean & pro	<u> </u>			26	IN O	UT(N/A)		foods used; prohib		ods not offered		
	<u> </u>	ntact with RTE foods or pre-approved	H	$\dashv$	-9				color Additives an			_	
9 (IN) OUT N/A N/O		lure properly followed			27	IN O	UT(N/A)	1	es: approved & pro				
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$\sim$		roved Source			. ~		_	Conformance	e with Approved	Proced	lures		
I (IN) OUT		m approved source	$\square$	_	29	IN O	UT(N/A)	Compliance	with variance/spec	ialized	process/HACC	Р	
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	Required records	available, aballateal, tage											
4 IN OUT N/A N/C		available; shellstock tags,											
4 IN OUT N/A) N/C	parasite destruction	on			Risk	facto	rs(RF) are i	mproper practi	ces or proceedure	s identi	fied as the mos	t	
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