

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: 11:30:00
Report: 8010241160

Food and Beverage Establishment Inspection Report

Page 1

Location:

Lester Park Elementary 315 North 54th Avenue East

Duluth, MN55804 St. Louis County, 69

License Categories:

FAIF, FBLB, HOSP, FBSC, FBC2

Expires on: 12/31/24

Establishment Info:

ID #: 0022244 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-TURNED TEMP TAPE BLACK

Violation Issued: No

Food and Equipment Temperatures

Process/Item: Hot Holding

Temperature: 186 Degrees Fahrenheit - Location: CORN-STEAM TABLE

Violation Issued: No

Process/Item: Hot Holding

Temperature: 163 Degrees Fahrenheit - Location: MEAT/PASTA HOTDISH-STEAM TABLE

Violation Issued: No

Process/Item: Hot Holding

Temperature: 199 Degrees Fahrenheit - Location: CORN-STEAM TABLE

Violation Issued: No

Process/Item: Hot Holding

Temperature: 152 Degrees Fahrenheit - Location: MEAT/PASTA HOTDISH-STEAM TABLE

Violation Issued: No

Process/Item: Hot Holding

Temperature: 135 Degrees Fahrenheit - Location: MEAT/PASTA HOTDISH-VICTORY

Violation Issued: No

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Process/Item: Hot Holding Temperature: 140 Degrees Fahrenheit - Location: MEAT/PASTA HOT DISH-VICTORY Violation Issued: No
Process/Item: Upright Cooler Temperature: 39 Degrees Fahrenheit - Location: PREPACKAGED JUICE-VICTORY Violation Issued: No
Process/Item: Upright Cooler Temperature: 41 Degrees Fahrenheit - Location: MILK-MILK COOLER Violation Issued: No
Process/Item: Walk-In Cooler Temperature: 39 Degrees Fahrenheit - Location: MILK Violation Issued: No
Process/Item: Walk-In Cooler Temperature: 39 Degrees Fahrenheit - Location: MINI CORN DOGS 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.
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 8010241160 of 10/01/24.
Certified Food Protection Manager Angela Beyer
Certification Number: FM105733 Expires: 02/18/27
Inspection report reviewed with person in charge and emailed.
Signed: Signed
Angela Beyer 8010 Kitchen Manager

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

	Minnesota Depart	Food Establis						Categories C		0	Date 10	/01/
	Minnesota Depart			\vdash	No. of Repeat RF/PHI Categories Out					0	Time In 11:30:0	
DEPARTMENT OF HEALTH	PO Box 64975 St. Paul, MN 55164	ox 64975 aul, MN 55164-0975					egal Author	1	Time Out			
Lester Park Element	ary	Address 315 North 54th Avenue East			1 -	//State			Zip Code 55804		phone 3368707	
License/Permit #		Permit Holder					of Inspection	on	Est Type	210	Risk Catego	у
0022244		Ind. School District No. 709			Full	-					Н	
		ORNE ILLNESS RISK FAC		RS A	ND P	UBL	IC HEAL					
Circle des	ignated compliance statu OUT= not in compl	us (IN, OUT, N/O, N/A) for each numbered liance N/O= not observed		I/Δ = n/	ot applica	able	CC		"X" in appropriate box site during inspection		and/or R R= repeat vio	olatio
•	·	Marice N/O= flot observed					pliance St		site during inspection	-	K= repeat vis	_
Compliance S		Gurpervision	cos	K	'	COIII	pliance St		nperature Contro	l for Sa	fotv	С
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2 (IN)OUT N/A		ection manager, duties		$\overline{}$			UT N/A(N/C	1 · · · · · · · · · · · · · · · · · · ·	ating procedures fo		oldina	+
	Em	ployee Health					UT N/A N/C	4	ng time & temperat		g	
3 (IN) OUT	Mgmt/Staff;knowled	dge,responsibilities&reporting			21	IN)O	UT N/A N/C	Proper hot h	olding temperature	es		
4 (IN) OUT	Proper use of repor	rting, restriction & exclusion			\rightarrow	${ extstyle -}$	UT N/A	· ·	nolding temperatur			\top
5 (IN) OUT		conding to vomiting & diarrheal			23	in)o	UT N/A N/C	Proper date	marking & disposit	ion		
,	events Good H	ygenic Practices			24	IN O	UT N/A(N/C		ıblic health control		dures & records	T
6 (IN) OUT N/C	1	ing, drinking, or tobacco use						<u> </u>	nsumer Advisory			
	No discharge from	<u> </u>		$ \top $	25	IN O	UT(N/A)	Consumer a	dvisory provided fo	or raw/u	ndercooked foo	d
		ontamination by Hands						Highly S	usceptible Popula	ations		
8 IN OUT N/	O Hands clean & pro	perly washed			26	IN O	UT(N/A)		foods used; prohib			
9 IN OUT N/A N/0		tact with RTE foods or pre-approved					U= 1		olor Additives an			
	atternate pprocedu	re properly followed		_		$\overline{}$	UT(N/A)		es: approved & pro			+
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1(IN) OUT	Food obtained from				29	IN O	UT(N/A)	1	with variance/spec			.
12 IN OUT N/A N/C		• • • • • • • • • • • • • • • • • • • •		\neg	23			Compliance	valiance/spec	nunzeu	process/riACC	_
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		available; shellstock tags,	\vdash	-								
14 IN OUT N/A) N/C					Risk	facto	rs(RF) are i	mproper practi	ces or proceedure	s identif	fied as the most	
	Protection fro	om Contamination			preva	alent c	ontributing f	actors of foodb	orne ilİness or inju	ıry. Pub	lic Health Inter	ven
15 IN) OUT N/A N/	O Food separated an	nd protected			(PHI)	are c	onitiol meas	ures ເດ preven	t foodborne illness	or injur	у.	
	1											
16 IN)OUT N/A	Food contact surface	ces: cleaned & sanitized										
16 IN OUT N/A		of returned, previously served,										
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