

Type: Full  
Date: 03/05/24  
Time: 10:21:08  
Report: 1032241047

## Food and Beverage Establishment Inspection Report

Page 1

**Location:**

Myers-Wilkins Elementary  
1027 North 8th Avenue East  
Duluth, MN558051426  
St. Louis County, 69

**Establishment Info:**

ID #: 0022241  
Risk: High  
Announced Inspection: No

**License Categories:**

FAIF, FBLB, HOSP, FBSC, FBC2

Expires on: 12/31/24

**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: = at 100PPM Degrees Fahrenheit  
Location: SANI BUCKET X2  
Violation Issued: No

Hot Water: = at 160 Degrees Fahrenheit  
Location: DISHWASHER  
Violation Issued: No

### Food and Equipment Temperatures

Process/Item: Milk Carton Server  
Temperature: 40 Degrees Fahrenheit - Location: MILK  
Violation Issued: No

Process/Item: Upright Cooler  
Temperature: 40 Degrees Fahrenheit - Location: SOY MILK  
Violation Issued: No

Process/Item: Upright Cooler  
Temperature: 39 Degrees Fahrenheit - Location: APPLE SAUCE  
Violation Issued: No

Process/Item: Walk-In Cooler  
Temperature: 40 Degrees Fahrenheit - Location: CHEDDAR CHEESE  
Violation Issued: No

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

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Process/Item: Walk-In Cooler  
Temperature: 39 Degrees Fahrenheit - Location: MILK  
Violation Issued: No

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

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

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Report reviewed with manger roberta. Potential hazards in day-to-day operation were discussed, including employee illness, excluding/restricting employees experiencing illness symptoms, recording employee illness symptoms,

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

I acknowledge receipt of the MDH inspection report number 1032241047 of  
03/05/24.

Certified Food Protection Manager ROBERTA R TARAN

Certification Number: FM24359 Expires: 04/28/25

**Inspection report reviewed with person in charge and emailed.**

Signed: \_\_\_\_\_

ROBERTA R TARAN  
KITCHEN MANAGER

Signed:  \_\_\_\_\_

Ben Kubes  
Environmental Health Specialist  
Duluth  
ben.kubes@state.mn.us

## Food Establishment Inspection Report



MDH

11 E Superior Street  
Duluth

No. of RF/PHI Categories Out

0

Date 03/05/24

No. of Repeat RF/PHI Categories Out

0

Time In 10:21:08

Legal Authority MN Rules Chapter 4626

Time Out

Myers-Wilkins Elementary

Address

1027 North 8th Avenue East

City/State

Duluth, MN

Zip Code

558051426

Telephone

2183368707

License/Permit #

0022241

Permit Holder

Ind. School District No. 709

Purpose of Inspection

Full

Est Type

Risk Category

H

## FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item

Mark "X" in appropriate box for COS and/or R

IN= in compliance

OUT= not in compliance

N/O= not observed

N/A= not applicable

COS= corrected on-site during inspection

R= repeat violation

## Compliance Status

COS R

## Supervision

1	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	PIC knowledgeable; duties & oversight		
2	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A	Certified food protection manager; duties	

## Employee Health

3	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Mgmt/Staff; knowledge, responsibilities & reporting		
4	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Proper use of reporting, restriction & exclusion		
5	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Procedures for responding to vomiting & diarrheal events		

## Good Hygienic Practices

6	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/O	Proper eating, tasting, drinking, or tobacco use	
7	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/O	No discharge from eyes, nose, & mouth	

## Preventing Contamination by Hands

8	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/O	Hands clean & properly washed	
9	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A	N/O	No bare hand contact with RTE foods or pre-approved alternate procedure properly followed
10	<input checked="" type="radio"/> IN	<input type="radio"/> OUT		Adequate handwashing sinks supplied/accessible	

## Approved Source

1	<input checked="" type="radio"/> IN	<input type="radio"/> OUT		Food obtained from approved source	
12	<input type="radio"/> IN	<input type="radio"/> OUT	N/A	<input checked="" type="radio"/> N/O	Food received at proper temperature
13	<input checked="" type="radio"/> IN	<input type="radio"/> OUT		Food in good condition, safe, & unadulterated	
14	<input type="radio"/> IN	<input type="radio"/> OUT	<input checked="" type="radio"/> N/A	N/O	Required records available; shellstock tags, parasite destruction

## Protection from Contamination

15	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A	N/O	Food separated and protected
16	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A		Food contact surfaces: cleaned & sanitized
17	<input checked="" type="radio"/> IN	<input type="radio"/> OUT			Proper disposition of returned, previously served, reconditioned, & unsafe food

## GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Mark "X" in box if numbered item is **not** in compliance

Mark "X" in appropriate box for COS and/or R

COS= corrected on-site during inspection

R= repeat violation

## Safe Food and Water

30	<input type="radio"/> IN	<input type="radio"/> OUT	<input checked="" type="radio"/> N/A	Pasteurized eggs used where required	
31				Water & ice obtained from an approved source	
32	<input type="radio"/> IN	<input type="radio"/> OUT	<input checked="" type="radio"/> N/A	Variance obtained for specialized processing methods	

## Food Temperature Control

33				Proper cooling methods used; adequate equipment for temperature control	
34	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A	N/O	Plant food properly cooked for hot holding
35	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A	N/O	Approved thawing methods used
36				Thermometers provided & accurate	

## Food Identification

37				Food properly labeled; original container	
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## Prevention of Food Contamination

38				Insects, rodents, & animals not present	
39				Contamination prevented during food prep, storage & display	
40				Personal cleanliness	
41				Wiping cloths: properly used & stored	
42				Washing fruits & vegetables	

Food Recalls:

Person in Charge (Signature)

Date: 03/05/24

Inspector (Signature)

## Compliance Status

COS R

## Time/Temperature Control for Safety

18	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A	N/O	Proper cooking time & temperature		
19	<input type="radio"/> IN	<input type="radio"/> OUT	N/A	<input checked="" type="radio"/> N/O	Proper reheating procedures for hot holding		
20	<input type="radio"/> IN	<input type="radio"/> OUT	N/A	<input checked="" type="radio"/> N/O	Proper cooling time & temperature		
21	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A	N/O	Proper hot holding temperatures		
22	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A		Proper cold holding temperatures		
23	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A	N/O	Proper date marking & disposition		
24	<input type="radio"/> IN	<input type="radio"/> OUT	<input checked="" type="radio"/> N/A	N/O	Time as a public health control: procedures & records		

## Consumer Advisory

25	<input type="radio"/> IN	<input type="radio"/> OUT	<input checked="" type="radio"/> N/A	Consumer advisory provided for raw/undercooked food		
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## Highly Susceptible Populations

26	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A	Pasteurized foods used; prohibited foods not offered		
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## Food and Color Additives and Toxic Substances

27	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A	Food additives: approved & properly used		
28	<input checked="" type="radio"/> IN	<input type="radio"/> OUT		Toxic substances properly identified, stored, & used		

## Conformance with Approved Procedures

29	<input type="radio"/> IN	<input type="radio"/> OUT	<input checked="" type="radio"/> N/A	Compliance with variance/specialized process/HACCP		
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**Risk factors (RF)** are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. **Public Health Interventions (PHI)** are control measures to prevent foodborne illness or injury.