



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

Type: Full
Date: 10/26/22
Time: 11:30:00
Report: 8010221199

Food and Beverage Establishment Inspection Report

Page 1

Location:

Stowe Elementary
715 - 101st Avenue West
Duluth, MN55808
St. Louis County, 69

Establishment Info:

ID #: 0022253
Risk: High
Announced Inspection: No

License Categories:

FAIF, FBLB, HOSP, FBSC, FBC2

Expires on: 12/31/22

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: 135 Degrees Fahrenheit - Location: PIZZA HUT CHEESE PIZZA-HOT HOLDING UNIT
Violation Issued: No

Process/Item: Receiving
Temperature: 137 Degrees Fahrenheit - Location: PIZZA HUT CHEESE PIZZA
Violation Issued: No

Process/Item: Upright Cooler
Temperature: 38 Degrees Fahrenheit - Location: MILK-MILK COOLER
Violation Issued: No

Process/Item: Walk-In Cooler
Temperature: 35 Degrees Fahrenheit - Location: MILK
Violation Issued: No

Process/Item: Walk-In Cooler
Temperature: 36 Degrees Fahrenheit - Location: PREPACKAGED SHREDDED CHEESE
Violation Issued: No

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Process/Item: Walk-In Cooler

Temperature: 36 Degrees Fahrenheit - Location: PREPACKAGED YOGURT

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 8010221199 of 10/26/22.

Certified Food Protection Manager: Julie A. Cullen

Certification Number: FM85357 Expires: 08/11/25

Inspection report reviewed with person in charge and emailed.

Signed: _____

Julie Cullen
Kitchen Manager

Signed: _____

8010

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

Report #: 8010221199

Food Establishment Inspection Report



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

No. of RF/PHI Categories Out

0

Date 10/26/22

No. of Repeat RF/PHI Categories Out

0

Time In 11:30:00

Legal Authority MN Rules Chapter 4626

Time Out

Stowe Elementary

Address

715 - 101st Avenue West

City/State

Duluth, MN

Zip Code

55808

Telephone

2183368707

License/Permit #

0022253

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

Employee Health

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

Good Hygienic Practices

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

Preventing Contamination by Hands

8	<input checked="" type="radio"/> IN	OUT	N/O	Hands clean & properly washed	
9	<input checked="" type="radio"/> IN	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	OUT		Adequate handwashing sinks supplied/accessible	

Approved Source

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

Protection from Contamination

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

Compliance Status

COS R

Time/Temperature Control for Safety

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

Consumer Advisory

25	IN	OUT	N/A		Consumer advisory provided for raw/undercooked food		
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Highly Susceptible Populations

26	IN	OUT	N/A		Pasteurized foods used; prohibited foods not offered		
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Food and Color Additives and Toxic Substances

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

Conformance with Approved Procedures

29	IN	OUT	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.

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

Food Temperature Control

33					Proper cooling methods used; adequate equipment for temperature control		
34	IN	OUT	N/A	N/O	Plant food properly cooked for hot holding		
35	IN	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		

Proper Use of Utensils

43					In-use utensils: properly stored		
44					Utensils, equipment & linens: properly stored, dried, & handled		
45					Single-use/single service articles: properly stored & used		
46					Gloves used properly		

Utensil Equipment and Vending

47					Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
48					Warewashing facilities: installed, maintained, & used; test strips		
49					Non-food contact surfaces clean		

Physical Facilities

50					Hot & cold water available; adequate pressure		
51					Plumbing installed; proper backflow devices		
52					Sewage & waste water properly disposed		
53					Toilet facilities: properly constructed, supplied, & cleaned		
54					Garbage & refuse properly disposed; facilities maintained		
55					Physical facilities installed, maintained, & clean		
56					Adequate ventilation & lighting; designated areas used		
57					Compliance with MCIAA		
58					Compliance with licensing & plan review		

Food Recalls:

Person in Charge (Signature)

Date: 10/27/22

Inspector (Signature)