

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

License Categories:

FAIF, FBLB, HOSP, FBSC, FBC2

Expires on: 12/31/22

Establishment Info:

ID #: 0022253 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: 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

Type: Full Date: 10/26/22

Food and Beverage Establishment **Inspection Report**

Page 2

Time: 11:30:00 Report: 8010221199 Stowe Elementary

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:_ Signed:_

Julie Cullen 8010

Kitchen Manager 651-201-4500

health.foodlodging@state.mn.us

Minnesota Department of Health				No. of RF/PHI Categories Out 0 Date								10/26
Minnesota Department of Health PO Box 64975					No. of Repeat RF/PHI Categories Out				gories Out	0	Time In	11:30
DEPARTMENT OF HEALTH	St. Paul, MN 5516	4-0975				Le	gal Authori	ity MN Rules	Chapter 4626	_	Time Ou	ıt
Stowe Elementary		Address			Cit	y/State	•		Zip Code	Tele	phone	
		715 - 101st Avenue West			Du	luth, M	IN		55808	218	3368707	
License/Permit # 0022253		Permit Holder Ind. School District No. 709			Pu Fu	•	of Inspection	on	Est Type		Risk Cate	gory
	FOODB	ORNE ILLNESS RISK FAC	TOI	RS A	ND P	UBL	IC HEAL	TH INTERV	/ENTIONS			
Circle des	signated compliance state OUT= not in comp	us (IN, OUT, N/O, N/A) for each numbered		N/Δ= n	ot applic	ahle	co		"X" in appropriate be-		S and/or R R= repea	at violatio
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NOUT N/A	·	ection manager, duties			19	IN O	JT N/A(N/O	Proper rehea	ating procedures	for hot he	olding	
		nployee Health				_	$\overline{}$	4 · · · · · ·	ng time & temper			
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