

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

 Type:
 Full

 Date:
 01/06/23

 Time:
 12:00:00

 Report:
 8010231002

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 Establishment Info: ID #: 0022244 Risk: High

Announced Inspection: No

Operator:

Ind. School District No. 709

Phone #: 2183368707 ID #: 27942

Expires on: 12/31/23

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: = 200 PPM at Degrees Fahrenheit Location: WIPING CLOTH BUCKET Violation Issued: No

Hot Water: = at Degrees Fahrenheit Location: DISHWASHER SANITIZING CYCLE-TEMP TAPE TURNED BLACK Violation Issued: No

Food and Equipment Temperatures

Process/Item: Hot Holding Temperature: 160 Degrees Fahrenheit - Location: FRENCH TOAST-HOT HOLDING UNIT Violation Issued: No Process/Item: Hot Holding Temperature: 155 Degrees Fahrenheit - Location: SAUSAGE-LINE Violation Issued: No Process/Item: Hot Holding Temperature: 193 Degrees Fahrenheit - Location: SCRAMBLED EGGS-LINE Violation Issued: No Process/Item: Hot Holding Temperature: 206 Degrees Fahrenheit - Location: SCRAMBLED EGGS-LINE Violation Issued: No Process/Item: Hot Holding Temperature: 206 Degrees Fahrenheit - Location: SCRAMBLED EGGS-LINE Violation Issued: No Process/Item: Hot Holding Temperature: 189 Degrees Fahrenheit - Location: SAUSAGE-LINE Violation Issued: No Type: Full Date: 01/06/23 Time: 12:00:00 Report: 8010231002 Lester Park Elementary

Food and Beverage Establishment **Inspection Report**

Lester Park Elementary			
Process/Item: Hot Holding Temperature: 195 Degrees Fahrenheit - Violation Issued: No	Location: EGC	GOMELETE-H	OTHOLDING UNIT
Process/Item: Upright Cooler Temperature: 40 Degrees Fahrenheit - I Violation Issued: No	Location: JUIC	E-VICTORY	
Process/Item: Upright Cooler Temperature: 40 Degrees Fahrenheit - I Violation Issued: No	Location: MILk	K-MILK COOL	ER
Process/Item: Walk-In Cooler Temperature: 37 Degrees Fahrenheit - I Violation Issued: No	Location: MILK	ζ.	
Process/Item: Walk-In Cooler Temperature: 39 Degrees Fahrenheit - I Violation Issued: No	Location: PREF	PACKAGED SI	LICED HAM
Process/Item: Walk-In Freezer Temperature: Degrees Fahrenheit - Loo Violation Issued: No	cation: FOODS	FROZEN	
Total Orders In This Repo	ort Priority 1 0	Priority 2 0	Priority 3 0
COMMENTS:			
DISCUSSED THE EXCLUSION OF EM FOOD ESTABLISHMENT FOR 24 HOU			
NOTE: Plans and specifications must be subm alterations.	itted for review a	nd approval prio	to new construction, remodeling or
I acknowledge receipt of number 8010231002 of 0		Department of H	Health inspection report
Certified Food Protection ManagerAnge	la Beyer		
Certification Number:FM105733	_ Expires: <u>0</u> 2	2/17/24	
Inspection report reviewed with person	n in charge and	d emailed.	
Signed:		Signed:	

Angela Beyer Kitchen Manager 8010

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

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Minnesota Department of Health					No. of RF/PHI Categories Out				0	Date 01	/06/23	3
Minnesota Department of Health PO Box 64975				No. of Repeat RF/PHI Categories Out				0	Time In 12	2:00:0)	
OF HEALTH St. Paul, MN 55164-0975				Legal Authority MN Rules Chapter 4626					Time Out			
Lester Park Elementary Address			U	City/State Zip Code					phone			
315 North 54th Avenue East				Duluth, MN			55804	2183368707				
License/Permit # Permit Holder 0022244 Ind. School District No. 709				Purpose of Inspection Full		on	Est Type	Risk Category		У		
	FOODE	ORNE ILLNESS RISK FAC	TOR	S AI		IBLIC HEAL	TH INTERV	ENTIONS				
		us (IN, OUT, N/O, N/A) for each numbered						X" in appropriate box	for COS			
IN= in compliance	OUT= not in comp	bliance N/O= not observed			t applicat		-	site during inspection		R= repeat vic	1	_
Compliance St		Surpervision	cos	R		ompliance St		nperature Control	for Sa	fetv	со	5
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		eyes, nose, & mouth			25 1			isceptible Popula			u	+
8 IN OUT N/C	Hands clean & pro	ontamination by Hands		-	26 II	N OUT(N/A)		foods used: prohibi		ods not offered	1	Т
	No hare hand con	tact with RTE foods or pre-approved						olor Additives and			-	+
9 IN OUT N/A N/C		ure properly followed			27 II	N OUT N/A	Food additive	es: approved & pro	perly u	ised		Τ
Adequate handwashing sinks supplied/accessible				28	DOUT		nces properly iden					
		roved Source m approved source	1 1				1	e with Approved F				_
	Food received at p		+		29 II	N OUT(N/A)	Compliance	with variance/spec	ialized	process/HACCF	`	
		dition, safe, & unadulterated										
	Required records a	available; shellstock tags,		_								
14 IN OUT N/A N/C	parasite destructio				Risk f	actors(RF) are i	mproper practi	ces or proceedures	s identi	fied as the most		
	Protection fro	om Contamination			preval	ent contributing	actors of foodb	orne illness or iniu	IV. Pub	lic Health Inter	vonti	~~
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