



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

Type: Full
Date: 10/19/22
Time: 12:00:00
Report: 8010221190

Food and Beverage Establishment Inspection Report

Page 1

Location:

Lincoln Middle School
3301 West 3rd Street
Duluth, MN55807
St. Louis County, 69

Establishment Info:

ID #: 0027042
Risk: High
Announced Inspection: No

License Categories:

FAIF, FBLB, HOSP, FBSC, FBSW, FBC2

Expires on: 12/31/22

Operator:

Duluth Public Schools ISD #709

Phone #: 2183368700
ID #: 35970

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: = 50 PPM at Degrees Fahrenheit
Location: WIPING CLOTH BUCKET
Violation Issued: No

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

Food and Equipment Temperatures

Process/Item: Cooking
Temperature: 173 Degrees Fahrenheit - Location: FRENCH FRIES
Violation Issued: No

Process/Item: Hot Holding
Temperature: 167 Degrees Fahrenheit - Location: HOT DOGS-HOT HOLDING UNIT
Violation Issued: No

Process/Item: Receiving
Temperature: 157 Degrees Fahrenheit - Location: PIZZA HUT CHEESE PIZZA
Violation Issued: No

Process/Item: Upright Cooler
Temperature: 39 Degrees Fahrenheit - Location: MILK-MILK COOLER
Violation Issued: No

Process/Item: Upright Cooler
Temperature: 39 Degrees Fahrenheit - Location: MILK-MILK COOLER
Violation Issued: No

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Process/Item: Upright Cooler
Temperature: 39 Degrees Fahrenheit - Location: DRESSINGS-VICTORY
Violation Issued: No

Process/Item: Upright Cooler
Temperature: 40 Degrees Fahrenheit - Location: PREPACKAGED JUICE-VICTORY
Violation Issued: No

Process/Item: Walk-In Cooler
Temperature: 40 Degrees Fahrenheit - Location: PREPACKAGED SHREDDED LETTUCE
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 8010221190 of 10/19/22.

Certified Food Protection Manager Susan Geissler

Certification Number: FM47204 Expires: 02/27/24

Inspection report reviewed with person in charge and emailed.


Signed: _____

Erika Meece
Person in Charge

Signed: _____

8010

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

Report #: 8010221190										Food Establishment Inspection Report																	
 <div>Minnesota Department of Health Minnesota Department of Health PO Box 64975 St. Paul, MN 55164-0975</div>										No. of RF/PHI Categories Out					0					Date 10/19/22							
										No. of Repeat RF/PHI Categories Out					0					Time In 12:00:00							
										Legal Authority MN Rules Chapter 4626										Time Out							
Lincoln Middle School					Address 3301 West 3rd Street					City/State Duluth, MN					Zip Code 55807					Telephone 2183368700							
License/Permit # 0027042					Permit Holder Duluth Public Schools ISD #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		Compliance Status										COS		R	
Supervision										Time/Temperature Control for Safety																	
1 <input checked="" type="radio"/> IN OUT PIC knowledgeable; duties & oversight										18 <input checked="" type="radio"/> IN OUT N/A N/O Proper cooking time & temperature																	
2 <input checked="" type="radio"/> IN OUT N/A Certified food protection manager, duties										19 <input checked="" type="radio"/> IN OUT N/A <input checked="" type="radio"/> N/O Proper reheating procedures for hot holding																	
Employee Health										20 <input checked="" type="radio"/> IN OUT N/A <input checked="" type="radio"/> N/O Proper cooling time & temperature																	
3 <input checked="" type="radio"/> IN OUT Mgmt/Staff;knowledge,responsibilities&reporting										21 <input checked="" type="radio"/> IN OUT N/A N/O Proper hot holding temperatures																	
4 <input checked="" type="radio"/> IN OUT Proper use of reporting, restriction & exclusion										22 <input checked="" type="radio"/> IN OUT N/A Proper cold holding temperatures																	
5 <input checked="" type="radio"/> IN OUT Procedures for responding to vomiting & diarrheal events										23 <input checked="" type="radio"/> IN OUT N/A N/O Proper date marking & disposition																	
Good Hygienic Practices										24 <input checked="" type="radio"/> IN OUT <input checked="" type="radio"/> N/A N/O Time as a public health control: procedures & records																	
6 <input checked="" type="radio"/> IN OUT N/O Proper eating, tasting, drinking, or tobacco use										Consumer Advisory																	
7 <input checked="" type="radio"/> IN OUT N/O No discharge from eyes, nose, & mouth										25 <input checked="" type="radio"/> IN OUT <input checked="" type="radio"/> N/A Consumer advisory provided for raw/undercooked food																	
Preventing Contamination by Hands										Highly Susceptible Populations																	
8 <input checked="" type="radio"/> IN OUT N/O Hands clean & properly washed										26 <input checked="" type="radio"/> IN OUT <input checked="" type="radio"/> N/A Pasteurized foods used; prohibited foods not offered																	
9 <input checked="" type="radio"/> IN OUT N/A N/O No bare hand contact with RTE foods or pre-approved alternate pprocedure properly followed										Food and Color Additives and Toxic Substances																	
10 <input checked="" type="radio"/> IN OUT Adequate handwashing sinks supplied/accessible										27 <input checked="" type="radio"/> IN OUT <input checked="" type="radio"/> N/A Food additives: approved & properly used																	
Approved Source										28 <input checked="" type="radio"/> IN OUT Toxic substances properly identified, stored, & used																	
11 <input checked="" type="radio"/> IN OUT Food obtained from approved source										Conformance with Approved Procedures																	
12 <input checked="" type="radio"/> IN OUT N/A N/O Food received at proper temperature										29 <input checked="" type="radio"/> IN OUT <input checked="" type="radio"/> N/A Compliance with variance/specialized process/HACCP																	
13 <input checked="" type="radio"/> IN OUT Food in good condition, safe, & unadulterated										<div>Risk factors (RF) are improper practices or proceeedures 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.</div>																	
14 <input checked="" type="radio"/> IN 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 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																											
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										COS		R		Proper Use of Utensils										COS		R	
30 <input checked="" type="radio"/> IN OUT N/A Pasteurized eggs used where required										43 <input checked="" type="radio"/> IN OUT N/A In-use utensils: properly stored																	
31 <input checked="" type="radio"/> IN OUT N/A Water & ice obtained from an approved source										44 <input checked="" type="radio"/> IN OUT N/A Utensils, equipment & linens: properly stored, dried, & handled																	
32 <input checked="" type="radio"/> IN OUT <input checked="" type="radio"/> N/A Variance obtained for specialized processing methods										45 <input checked="" type="radio"/> IN OUT N/A Single-use/single service articles: properly stored & used																	
Food Temperature Control										46 <input checked="" type="radio"/> IN OUT N/A Gloves used properly																	
33 <input checked="" type="radio"/> IN OUT N/A N/O Proper cooling methods used; adequate equipment for temperature control										Utensil Equipment and Vending																	
34 <input checked="" type="radio"/> IN OUT N/A N/O Plant food properly cooked for hot holding										47 <input checked="" type="radio"/> IN OUT N/A N/O Food & non-food contact surfaces cleanable, properly designed, constructed, & used																	
35 <input checked="" type="radio"/> IN OUT N/A <input checked="" type="radio"/> N/O Approved thawing methods used										48 <input checked="" type="radio"/> IN OUT N/A Warewashing facilities: installed, maintained, & used; test strips																	
36 <input checked="" type="radio"/> IN OUT N/A Thermometers provided & accurate										49 <input checked="" type="radio"/> IN OUT N/A Non-food contact surfaces clean																	
Food Identification										Physical Facilities																	
37 <input checked="" type="radio"/> IN OUT N/A Food properly labeled; original container										50 <input checked="" type="radio"/> IN OUT N/A Hot & cold water available; adequate pressure																	
Prevention of Food Contamination										51 <input checked="" type="radio"/> IN OUT N/A Plumbing installed; proper backflow devices																	
38 <input checked="" type="radio"/> IN OUT N/A Insects, rodents, & animals not present										52 <input checked="" type="radio"/> IN OUT N/A Sewage & waste water properly disposed																	
39 <input checked="" type="radio"/> IN OUT N/A Contamination prevented during food prep, storage & display										53 <input checked="" type="radio"/> IN OUT N/A Toilet facilities: properly constructed, supplied, & cleaned																	
40 <input checked="" type="radio"/> IN OUT N/A Personal cleanliness										54 <input checked="" type="radio"/> IN OUT N/A Garbage & refuse properly disposed; facilities maintained																	
41 <input checked="" type="radio"/> IN OUT N/A Wiping cloths: properly used & stored										55 <input checked="" type="radio"/> IN OUT N/A Physical facilities installed, maintained, & clean																	
42 <input checked="" type="radio"/> IN OUT N/A Washing fruits & vegetables										56 <input checked="" type="radio"/> IN OUT N/A Adequate ventilation & lighting; designated areas used																	
Food Recalls:										57 <input checked="" type="radio"/> IN OUT N/A Compliance with MCIAA																	
Person in Charge (Signature)										58 <input checked="" type="radio"/> IN OUT N/A Compliance with licensing & plan review																	
Inspector (Signature)										Date: 10/21/22																	