



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

Type: Full  
Date: 11/02/23  
Time: 11:30:00  
Report: 8010231195

## 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: 12/31/23

**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: = 100 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: 200 Degrees Fahrenheit - Location: CORN-STEAM TABLE  
Violation Issued: No

Process/Item: Hot Holding  
Temperature: 150 Degrees Fahrenheit - Location: CORN-STEAM TABLE  
Violation Issued: No

Process/Item: Hot Holding  
Temperature: 164 Degrees Fahrenheit - Location: TACO MEAT-HOT HOLDING UNIT  
Violation Issued: No

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

Process/Item: Hot Holding  
Temperature: 143 Degrees Fahrenheit - Location: BLACK BEAN-STEAM TABLE  
Violation Issued: No

Type: Full  
Date: 11/02/23  
Time: 11:30:00  
Report: 8010231195  
Lincoln Middle School

# Food and Beverage Establishment Inspection Report

---

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

---

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

---

Process/Item: Upright Cooler  
Temperature: 37 Degrees Fahrenheit - Location: MILK-MILK COOLER  
Violation Issued: No

---

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

---

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

---

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

---

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

---

Process/Item: Upright Freezer  
Temperature: Degrees Fahrenheit - Location: FOODS FROZEN-VICTORY  
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.

Type: Full  
Date: 11/02/23  
Time: 11:30:00  
Report: 8010231195  
Lincoln Middle School

# Food and Beverage Establishment Inspection Report

---

**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 8010231195 of 11/02/23.

Certified Food Protection Manager Susan K. Geissler

Certification Number: FM47204 Expires: 02/27/24

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

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

Susan K. Geissler  
Kitchen Manager

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

8010

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

Report #: 8010231195

# 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: 11/02/23

No. of Repeat RF/PHI Categories Out: 0

Time In: 11:30:00

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	Description
<b>Supervision</b>			
1 <input checked="" type="radio"/> IN <input type="radio"/> OUT			PIC knowledgeable; duties & oversight
2 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A			Certified food protection manager, duties
<b>Employee Health</b>			
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
<b>Good Hygienic Practices</b>			
6 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O			Proper eating, tasting, drinking, or tobacco use
7 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O			No discharge from eyes, nose, & mouth
<b>Preventing Contamination by Hands</b>			
8 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O			Hands clean & properly washed
9 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> 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
<b>Approved Source</b>			
1 <input checked="" type="radio"/> IN <input type="radio"/> OUT			Food obtained from approved source
12 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> 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 <input type="radio"/> N/O			Required records available; shellstock tags, parasite destruction
<b>Protection from Contamination</b>			
15 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Food separated and protected
16 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> 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

Compliance Status	COS	R	Description
<b>Time/Temperature Control for Safety</b>			
18 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O			Proper cooking time & temperature
19 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O			Proper reheating procedures for hot holding
20 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O			Proper cooling time & temperature
21 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Proper hot holding temperatures
22 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A			Proper cold holding temperatures
23 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Proper date marking & disposition
24 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O			Time as a public health control: procedures & records
<b>Consumer Advisory</b>			
25 <input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A			Consumer advisory provided for raw/undercooked food
<b>Highly Susceptible Populations</b>			
26 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A			Pasteurized foods used; prohibited foods not offered
<b>Food and Color Additives and Toxic Substances</b>			
27 <input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A			Food additives: approved & properly used
28 <input checked="" type="radio"/> IN <input type="radio"/> OUT			Toxic substances properly identified, stored, & used
<b>Conformance with Approved Procedures</b>			
29 <input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A			Compliance with variance/specialized process/HACCP

**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

Compliance Status	COS	R	Description
<b>Safe Food and Water</b>			
30 <input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A			Pasteurized eggs used where required
31 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			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
<b>Food Temperature Control</b>			
33 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Proper cooling methods used; adequate equipment for temperature control
34 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O			Plant food properly cooked for hot holding
35 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Approved thawing methods used
36 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Thermometers provided & accurate
<b>Food Identification</b>			
37 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Food properly labeled; original container
<b>Prevention of Food Contamination</b>			
38 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Insects, rodents, & animals not present
39 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Contamination prevented during food prep, storage & display
40 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Personal cleanliness
41 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Wiping cloths: properly used & stored
42 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Washing fruits & vegetables

Compliance Status	COS	R	Description
<b>Proper Use of Utensils</b>			
43 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			In-use utensils: properly stored
44 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Utensils, equipment & linens: properly stored, dried, & handled
45 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Single-use/single service articles: properly stored & used
46 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Gloves used properly
<b>Utensil Equipment and Vending</b>			
47 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Food & non-food contact surfaces cleanable, properly designed, constructed, & used
48 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Warewashing facilities: installed, maintained, & used; test strips
49 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Non-food contact surfaces clean
<b>Physical Facilities</b>			
50 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Hot & cold water available; adequate pressure
51 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Plumbing installed; proper backflow devices
52 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Sewage & waste water properly disposed
53 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Toilet facilities: properly constructed, supplied, & cleaned
54 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Garbage & refuse properly disposed; facilities maintained
55 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Physical facilities installed, maintained, & clean
56 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Adequate ventilation & lighting; designated areas used
57 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Compliance with MCIAA
58 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Compliance with licensing & plan review

Food Recalls:

Person in Charge (Signature)

Date: 11/06/23

Inspector (Signature)