



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

Type: Full
Date: 11/01/23
Time: 11:30:00
Report: 8010231193

Food and Beverage Establishment Inspection Report

Page 1

Location:

Ordean East Middle School
2900 East 4th Street
Duluth, MN558121597
St. Louis County, 69

Establishment Info:

ID #: 0022240
Risk: High
Announced Inspection: No

License Categories:

FAIF, FBLB, HOSP, FBSC, FBSW, FBC2

Expires on: 12/31/23

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: = 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: 197 Degrees Fahrenheit - Location: GREEN BEANS-STEAM TABLE
Violation Issued: No

Process/Item: Hot Holding
Temperature: 137 Degrees Fahrenheit - Location: CHEESEBURGER-HOT HOLDING UNIT
Violation Issued: No

Process/Item: Hot Holding
Temperature: 145 Degrees Fahrenheit - Location: CHICKEN BURGER-HOT HOLDING UNIT
Violation Issued: No

Process/Item: Hot Holding
Temperature: 153 Degrees Fahrenheit - Location: HAMBURGER - HOT HOLDING UNIT
Violation Issued: No

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

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Process/Item: Cooking
Temperature: 167 Degrees Fahrenheit - Location: QUESADILLA
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: PREPACKAGED SLICED TURKEY
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 8010231193 of 11/01/23.

Certified Food Protection Manager: Debra McKowski

Certification Number: FM34471 Expires: 03/29/25

Inspection report reviewed with person in charge and emailed.

Signed: _____

Debra McKowski
Kitchen Manager

Signed: _____

8010

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

Report #: 8010231193

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: 11/01/23

No. of Repeat RF/PHI Categories Out: 0

Time In: 11:30:00

Legal Authority MN Rules Chapter 4626

Time Out

Ordean East Middle School	Address 2900 East 4th Street	City/State Duluth, MN	Zip Code 558121597	Telephone 2183368707
License/Permit # 0022240	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	Description
Supervision			
1 (IN) OUT			PIC knowledgeable; duties & oversight
2 (IN) OUT N/A			Certified food protection manager, duties
Employee Health			
3 (IN) OUT			Mgmt/Staff; knowledge, responsibilities & reporting
4 (IN) OUT			Proper use of reporting, restriction & exclusion
5 (IN) OUT			Procedures for responding to vomiting & diarrheal events
Good Hygienic Practices			
6 (IN) OUT N/O			Proper eating, tasting, drinking, or tobacco use
7 (IN) OUT N/O			No discharge from eyes, nose, & mouth
Preventing Contamination by Hands			
8 (IN) OUT N/O			Hands clean & properly washed
9 (IN) OUT N/A N/O			No bare hand contact with RTE foods or pre-approved alternate procedure properly followed
10 (IN) OUT			Adequate handwashing sinks supplied/accessible
Approved Source			
1 (IN) OUT			Food obtained from approved source
12 IN OUT N/A (N/O)			Food received at proper temperature
13 (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 (IN) OUT N/A N/O			Food separated and protected
16 (IN) OUT N/A			Food contact surfaces: cleaned & sanitized
17 (IN) OUT			Proper disposition of returned, previously served, reconditioned, & unsafe food

Compliance Status	COS	R	Description
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 (IN) OUT N/A N/O			Proper hot holding temperatures
22 (IN) OUT N/A			Proper cold holding temperatures
23 (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
Highly Susceptible Populations			
26 (IN) OUT N/A			Pasteurized foods used; prohibited foods not offered
Food and Color Additives and Toxic Substances			
27 IN OUT (N/A)			Food additives: approved & properly used
28 (IN) OUT			Toxic substances properly identified, stored, & used
Conformance with Approved Procedures			
29 IN OUT (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
Safe Food and Water			
30 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
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

Compliance Status	COS	R	Description
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: 11/01/23

Inspector (Signature)