

Type: Full
Date: 11/15/23
Time: 09:50:00
Report: 1006231148

Food and Beverage Establishment Inspection Report

Page 1

Location:

Homecroft Elementary School
4784 Howard Gresen Road
Duluth, MN558031299
St. Louis County, 69

Establishment Info:

ID #: 0022242
Risk: High
Announced Inspection: No

License Categories:

FAIF, FBLB, HOSP, FBSC, 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.

The following orders were issued during this inspection.

3-300C Protection from Contamination: equipment/utensils, consumers

3-305.11A

MN Rule 4626.0300A Store all food in a clean, dry location; where it is not exposed to splash, dust or other contamination; and at least 6 inches above the floor.

FOOD IS BEING STORED ON THE FLOOR IN THE WALK-IN. A LOT OF COMMODITY FOOD CAME IN SO THEY HAVE BEEN WORKING ON ADJUSTING THE MENU TO GET SOME OF THE ADDITIONAL FROZEN FOODS OUT. STORE ALL FOOD UP AND OFF THE FLOOR.

Comply By: 11/22/23

Surface and Equipment Sanitizers

Chlorine: = 100 PPM at Degrees Fahrenheit
Location: SANITIZER BUCKET
Violation Issued: No

Hot Water: = at 163F Degrees Fahrenheit
Location: DISH MACHINE
Violation Issued: No

Food and Equipment Temperatures

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

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

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Process/Item: Upright Cooler
Temperature: 41 Degrees Fahrenheit - Location: YOGURT
Violation Issued: No

Process/Item: Upright Cooler
Temperature: 41 Degrees Fahrenheit - Location: SILK
Violation Issued: No

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

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

Process/Item: Re-Heating
Temperature: 201 Degrees Fahrenheit - Location: PEPPERONI PIZZA
Violation Issued: No

Process/Item: Re-Heating
Temperature: 195 Degrees Fahrenheit - Location: PEPPERONI PIZZA
Violation Issued: No

Process/Item: Salad Bar
Temperature: 41 Degrees Fahrenheit - Location: STRABERRY SALAD
Violation Issued: No

Process/Item: Walk-In Freezer
Temperature: Degrees Fahrenheit - Location: ALL FOODS FROZEN
Violation Issued: No

| Total Orders | In This Report | Priority 1 | Priority 2 | Priority 3 |
|--------------|----------------|------------|------------|------------|
| | | 0 | 0 | 1 |

COMMENTS:

INSPECTION ACCOMPANIED BY JODI PUFF.

KITCHEN IS VERY CLEAN AND ORDERLY.

OBSERVED GOOD HAND WASHING AND GLOVE USE THROUGHOUT INSPECTION.

DISCUSSED THE EMPLOYEE ILLNESS POLICY AND THE EXCLUSION OF EMPLOYEES SICK WITH SYMPTOMS OF VOMITING AND/OR DIARRHEA UNTIL THEY HAVE BEEN SYMPTOM FREE FOR AT LEAST 24 HOURS. ALSO, CONTACT THE DEPARTMENT OF HEALTH IF ANY EMPLOYEES ARE DIAGNOSED WITH HEPATITIS A., SHIGA TOXIN-PRODUCING E. COLI, SALMONELLA, SHIGELLA, OR NOROVIRUS OR IF THERE ARE ANY CUSTOMER ILLNESS COMPLAINTS.

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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 1006231148 of 11/15/23.

Certified Food Protection Manager: Jodi Puff

Certification Number: FM6605 Expires: 01/10/25

Inspection report reviewed with person in charge and emailed.

Signed: _____

Jodi Puff
Kitchen Manager

Signed: _____

Callie Harrison

218-302-6173
callie.harrison@state.mn.us

Report #: 1006231148

Food Establishment Inspection Report



Minnesota Department of Health
Food, Pools, & Lodging Services
 P.O. Box 64975
 Saint Paul, MN 55164-0975

| | | | |
|---------------------------------------|---|----------|----------|
| No. of RF/PHI Categories Out | 0 | Date | 11/15/23 |
| No. of Repeat RF/PHI Categories Out | 0 | Time In | 09:50:00 |
| Legal Authority MN Rules Chapter 4626 | | Time Out | |

| | | | | |
|-----------------------------|---|-------------------------------|-----------------------|-------------------------|
| Homecroft Elementary School | Address 4784 Howard Gresen Road | City/State Duluth, MN | Zip Code 558031299 | Telephone 2183368707 |
| License/Permit # 0022242 | 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 | Surpervision | COS | R |
|--|---|-----|---|
| 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 | | |
| Employee Health | | | |
| 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 | | |
| Good Hygienic Practices | | | |
| 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 | | |
| Preventing Contamination by Hands | | | |
| 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 | | |
| Approved Source | | | |
| 1 <input checked="" type="radio"/> IN <input type="radio"/> OUT | Food obtained from approved source | | |
| 12 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 IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A <input type="radio"/> N/O | Required records available; shellstock tags, parasite destruction | | |
| Protection from Contamination | | | |
| 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 | Time/Temperature Control for Safety | COS | R |
|---|---|-----|---|
| 18 IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O | Proper cooking time & temperature | | |
| 19 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O | Proper reheating procedures for hot holding | | |
| 20 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O | Proper cooling time & temperature | | |
| 21 IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" 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 IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A <input type="radio"/> N/O | Time as a public health control: procedures & records | | |
| Consumer Advisory | | | |
| 25 IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A | Consumer advisory provided for raw/undercooked food | | |
| Highly Susceptible Populations | | | |
| 26 IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A | Pasteurized foods used; prohibited foods not offered | | |
| Food and Color Additives and Toxic Substances | | | |
| 27 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 | | |
| Conformance with Approved Procedures | | | |
| 29 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 | Safe Food and Water | COS | R |
|--|---|-----|---|
| 30 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 IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A | Variance obtained for specialized processing methods | | |
| Food Temperature Control | | | |
| 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 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 | | |
| Food Identification | | | |
| 37 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O | Food properly labeled; original container | | |
| Prevention of Food Contamination | | | |
| 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 X | 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 | Proper Use of Utensils | COS | R |
|---|--|-----|---|
| 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 | | |
| Utensil Equipment and Vending | | | |
| 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 | | |
| Physical Facilities | | | |
| 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: 11/17/23

Inspector (Signature)