



Duluth District Office
Minnesota Department of Health
11 East Superior Street, Suite 290
Duluth, MN 55802
Phone: 651-201-4500

Food & Beverage Inspection Report

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Establishment Info

Lowell Elementary
2000 Rice Lake Rd
Duluth, MN 55811
St. Louis County
Parcel:

Phone: 2183368707
childnutrition@isd709.org

License Info

License: 0022246

Risk: High
License: FAIF-1, FBLB-1, HOSP-1,
FBSC-1, FBC2-1
Expires on: 12/31/2025
CFPM: AMIE CLINGMAN
CFPM #: FM1000350; Exp: 8/14/2025

Inspection Info

Report Number: F1016251090
Inspection Type: Full - Single
Date: 9/29/2025 Time: 11:30 AM
Duration: minutes
Announced Inspection: No
Total Priority 1 Orders: 0
Total Priority 2 Orders: 0
Total Priority 3 Orders: 0
Delivery:

No orders were issued for this inspection report.

Food & Beverage General Comment

COMMENTS:

DISCUSSED THE IMPORTANCE OF FREQUENT HAND WASHING BY ALL STAFF, AS WELL AS LIMITING BARE HAND CONTACT WITH ALL READY TO EAT FOODS. STAFF HAVE GLOVES AVAILABLE. USE GLOVES WITH ALL READY TO EAT FOODS AND CHANGE GLOVES FREQUENTLY AND ANY TIME TASKS ARE CHANGED.

DISCUSSED THE EMPLOYEE ILLNESS POLICY AND THE EXCLUSION OF EMPLOYEES SICK WITH SYMPTOMS OF VOMITING AND/OR DIARRHEA UNTIL 24 HOURS AFTER THEIR LAST SYMPTOM.

CONTACT THE DEPARTMENT OF HEALTH IF ANY EMPLOYEES ARE DIAGNOSED WITH SALMONELLA, SHIGELLA, SHIGA TOXIN-PRODUCING E. COLI, HEPATITIS A. VIRUS, NOROVIRUS, OR ANOTHER BACTERIAL, VIRAL OR PARASITIC PATHOGEN OR IF THERE ARE ANY CUSTOMER ILLNESS COMPLAINTS.

NOTE: All new food equipment must meet the applicable standards of the American National Standards Institute (ANSI). Plans and specifications must be submitted for review and approval prior to new construction, remodeling or alterations.

I acknowledge receipt of the Duluth District Office inspection report number F1016251090 from 9/29/2025

AMIE CLINGMAN
KITCHEN MANAGER


Clifford LaVigne,
Public Health Sanitarian 2
218-302-6181
clifford.lavigne@state.mn.us

Duluth District Office
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Temperature Observations/Recordings

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Establishment Info

Lowell Elementary
Duluth
County/Group: St. Louis County

Inspection Info

Report Number: F1016251090
Inspection Type: Full
Date: 9/29/2025
Time: 11:30 AM

Food Temperature: Product/Item/Unit: PASTA; **Temperature Process:** Hot-Holding

Location: Steam Table at 149 Degrees F.

Comment:

Violation Issued?: No

Food Temperature: Product/Item/Unit: PASTA; **Temperature Process:** Hot-Holding

Location: Steam Table at 159 Degrees F.

Comment:

Violation Issued?: No

Food Temperature: Product/Item/Unit: KIWI; **Temperature Process:** Cold-Holding

Location: Walk-in Cooler at 37 Degrees F.

Comment:

Violation Issued?: No

Food Temperature: Product/Item/Unit: ONIONS; **Temperature Process:** Cold-Holding

Location: Walk-in Cooler at 36 Degrees F.

Comment:

Violation Issued?: No

Food Temperature: Product/Item/Unit: MILK; **Temperature Process:** Cold-Holding

Location: Milk Cooler at 40 Degrees F.

Comment:

Violation Issued?: No

Equipment Temperature: Product/Item/Unit: ALL FOOD FROZEN; **Temperature Process:** Cold-Holding

Location: Walk-in Freezer at Degrees F.

Comment:

Violation Issued?: No

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Sanitizer Observations/Recordings

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Establishment Info

Lowell Elementary
Duluth
County/Group: St. Louis County

Inspection Info

Report Number: F1016251090
Inspection Type: Full
Date: 9/29/2025
Time: 11:30 AM

Sanitizing Equipment: Product: Hot Water; **Sanitizing Process:** Dish Machine

Location: Dishwashing Area **Equal To** 171 Degrees F.

Comment:

Violation Issued?: No


Sanitizing Chemical: Product: Chlorine; **Sanitizing Process:** Wiping Cloth Bucket

Location: Dishwashing Area **Equal To** 150 PPM

Comment:

Violation Issued?: No

Food Establishment Inspection Report

 Duluth District Office Minnesota Department of Health 11 East Superior Street, Suite 290 Duluth, MN 55802	No. of Risk Factor/Intervention/Violations		0	Date: 9/29/2025
	No. of Repeat Risk Factor/Intervention/Violations			Time: 11:30 AM
	Score (optional)			
Establishment: Lowell Elementary	Address: 2000 Rice Lake Rd	City/State: Duluth, MN	Zip: 55811	Phone: 2183368707
License/Permit #: 0022246	Permit Holder:	Purpose of Inspection: Full	Est. Type:	Risk Category: High

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

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
Supervision				
1	IN	Person in charge present, demonstrate knowledge and performs duties		
2	IN	Certified Food Protection Manager		
Employee Health				
3	IN	knowledge, responsibilities, and reporting		
4	IN	Proper use of restriction and exclusion		
5	IN	Response to vomiting, diarrheal events		
Good Hygienic Practices				
6	IN	Proper eating, tasting, drinking, tobacco use		
7	IN	No discharge from eyes, nose, and mouth		
Preventing Contamination by Hands				
8	IN	Hands clean and properly washed		
9	IN	No bare hand contact with RTE foods, alternatives		
10	IN	Adequate handwashing sinks supplied and access		
Approved Source				
11	IN	Food obtained from approved source		
12	N/O	Food Received at proper temperature		
13	IN	Food in good condition, safe & unadulterated		
14	N/A	Records available: shellstock tags, parasite dest.		
Protection From Contamination				
15	IN	Food separated and protected		
16	IN	Food-contact surfaces; cleaned & sanitized		
17	IN	Proper Disposition of returned, previously served, reconditioned, & unsafe food		

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

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health interventions 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" or OUT 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
Safe Food and Water				
30	N/A	Pasteurized eggs used where required		
31		Water & ice from approved source		
32	N/A	Variance obtained for specialized processing methods		
Food Temperature Control				
33		Proper cooling methods used; adequate equipment for temperature control		
34	N/O	Plant food properly cooked for hot holding		
35	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; no unauthorized person		
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
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 and used		
46		Gloves used properly		
Utensils, 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 and plan review		

Person in Charge (signature)

Inspector (signature)



Follow-up:

Follow-up Date: