



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

Ordean East Middle School
2900 East 4th Street
Duluth, MN 558121597
St. Louis County
Parcel:

Phone: 2183368707
childnutrition@isd709.org

License Info

License: 0022240

Risk: High
License: FAIF-1, FBLB-1, HOSP-1,
FBSC-1, FBSW-1, FBC2-1
Expires on: 12/31/2025
CFPM: Debra McKowski
CFPM #: 43589; Exp: 03/29/2028

Inspection Info

Report Number: F8010251125
Inspection Type: Full - Single
Date: 10/27/2025 Time: 10:30:00 AM
Duration: minutes
Announced Inspection: No
Total Priority 1 Orders: 0
Total Priority 2 Orders: 0
Total Priority 3 Orders: 0
Delivery: Emailed

No orders were issued for this inspection report.

Food & Beverage General Comment

REVIEWED THE EMPLOYEE ILLNESS LOG SHEET AND DISCUSSED THE EXCLUSION OF EMPLOYEES ILL WITH VOMITING OR DIARRHEA FROM THE FOOD ESTABLISHMENT FOR 24 HOURS AFTER SYMPTOMS ARE GONE.

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 F8010251125 from 10/27/2025

Deborah Kosiak

Debra McKowski
Kitchen Manager

Deb Kosiak,
Public Health Sanitarian 3
218-302-6176
deb.kosiak@state.mn.us



Duluth District Office
Minnesota Department of Health
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Temperature Observations/Recordings

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Establishment Info

Ordean East Middle School
Duluth
County/Group: St. Louis County

Inspection Info

Report Number: F8010251125
Inspection Type: Full
Date: 10/27/2025
Time: 10:30:00 AM

Food Temperature: Product/Item/Unit: GROUND BEEF; **Temperature Process:** Cooking

Location: Oven at 174 Degrees F.

Comment:

Violation Issued?: No

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

Location: Steam Table at 200 Degrees F.

Comment:

Violation Issued?: No

Food Temperature: Product/Item/Unit: CHICKEN; **Temperature Process:** Cooking

Location: at 165 Degrees F.

Comment:

Violation Issued?: No

Food Temperature: Product/Item/Unit: HAMBURGER; **Temperature Process:** Cooking

Location: at 165 Degrees F.

Comment:

Violation Issued?: No

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

Location: HOT HOLDING UNIT at 146 Degrees F.

Comment:

Violation Issued?: No

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

Location: Walk-in Cooler at 39 Degrees F.

Comment:

Violation Issued?: No

Food Temperature: Product/Item/Unit: PREPACKAGED SLICED CHEESE; **Temperature Process:** Cold-Holding

Location: Walk-in Cooler at 39 Degrees F.

Comment:

Violation Issued?: No

Food Temperature: Product/Item/Unit: FOODS 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

Ordean East Middle School
Duluth
County/Group: St. Louis County

Inspection Info

Report Number: F8010251125
Inspection Type: Full
Date: 10/27/2025
Time: 10:30:00 AM

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

Location: Dishwashing Area **Equal To** 200 PPM

Comment:

Violation Issued?: No


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

Location: Dishwashing Area **Equal To** 160 Degrees F.

Comment: TEMP TAPE TURNED BLACK

Violation Issued?: No

Food Establishment Inspection Report

 <p>DEPARTMENT OF HEALTH</p>	Duluth District Office Minnesota Department of Health 11 East Superior Street, Suite 290 Duluth, MN 55802	No. of Risk Factor/Intervention/Violations	0	Date: 10/27/2025
		No. of Repeat Risk Factor/Intervention/Violations		Time: 10:30 AM
		Score (optional)		
Establishment: Ordean East Middle School	Address: 2900 East 4th Street	City/State: Duluth, MN	Zip: 558121597	Phone: 2183368707
License/Permit #: 0022240	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	IN	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	N/O	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	IN	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)

Deborah Kosiak

Inspector (signature)

Follow-up: Follow-up Date: