



St Cloud District Office
Minnesota Department of Health
4140 Thielman Lane, Suite 101
St Cloud, MN 56301
Phone: 651-201-4500

Food & Beverage Inspection Report

Page: 1

Establishment Info

Foley High School
621 Penn Street
Foley, MN 56329
Benton County
Parcel:

Phone: 3209688411

License Info

License: 0014465

Risk: High
License: FAIF-1, FBLB-1, HOSP-1,
FBSC-1, FBSW-1, FBC2-1, FBSS-2
Expires on: 12/31/2025
CFPM: Loriann L. Landowski
CFPM #: 55856; Exp: 5/11/2027

Inspection Info

Report Number: F1046251149
Inspection Type: Full - Single
Date: 11/17/2025 Time: 11:30:49 AM
Duration: minutes
Announced Inspection:
Total Priority 1 Orders: 0
Total Priority 2 Orders: 1
Total Priority 3 Orders: 1
Delivery:

New Order: 3-500A Microbial Control: cooling

3-501.13ABC *Priority Level: Priority 3 CFP#: 35*

MN Rule 4626.0380ABC Thaw TCS food by one of the following methods: 1. under mechanical refrigeration that maintains the food temperature at 41 degrees F (4 degrees C) or less; 2. completely submerged under running water at 70 degrees F (21 degrees C) or less with a velocity to remove loose particles on an overflow and the food is maintained at 41 degrees F (5 degrees C) or less; 3. in a microwave oven or; 4. as part of the cooking process.

COMMENT: OBSERVED FROZEN YOGURT THAWING IN WATER IN THE SINK. THAW FROZEN FOODS BY ONE OF THE FOLLOWING METHODS MENTIONED ABOVE.

Comply By: 11/17/2025 Originally Issued On: 11/17/2025

New Order: 6-500 Physical Facility Maintenance/Operation and Pest Control

6-501.111C *Priority Level: Priority 2 CFP#: 38*

MN Rule 4626.1565C Use approved trapping devices or other means of pest control when pests are found.

COMMENT: OBSERVED STICK MOUSE TRAP PACKAGE IN THE DRY STORAGE AREA. REMOVE HOUSEHOLD MOUSE TRAPS AND PROVIDE APPROVED MOUSE TRAPS.

Comply By: 11/17/2025 Originally Issued On: 11/17/2025

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 St Cloud District Office inspection report number F1046251149 from 11/17/2025

Establishment Representative


Nicole Larrison,
Public Health Sanitarian 1
320-640-3534
nicole.larrison@state.mn.us



St Cloud District Office
Minnesota Department of Health
4140 Thielman Lane, Suite 101
St Cloud, MN 56301

Temperature Observations/Recordings

Page: 1

Establishment Info

Foley High School
Foley
County/Group: Benton County

Inspection Info

Report Number: F1046251149
Inspection Type: Full
Date: 11/17/2025
Time: 11:30:49 AM

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

Location: Serving Line at 162 Degrees F.

Comment:

Violation Issued?: No

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

Location: Serving Line at 161 Degrees F.

Comment:

Violation Issued?: No

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

Location: Serving Line at 138 Degrees F.

Comment:

Violation Issued?: No

Food Temperature: Product/Item/Unit: ORANGE CHICKEN; Temperature Process: Hot-Holding

Location: Serving Line at 148 Degrees F.

Comment:

Violation Issued?: No

Food Temperature: Product/Item/Unit: ORANGE CHICKEN; Temperature Process: Hot-Holding

Location: Serving Line at 171 Degrees F.

Comment:

Violation Issued?: No

Food Temperature: Product/Item/Unit: ORANGE CHICKEN; Temperature Process: Hot-Holding

Location: Serving Line at 122 Degrees F.

Comment:

Violation Issued?: No

Food Temperature: Product/Item/Unit: PEAS AND CARROTS; Temperature Process: Hot-Holding

Location: Warmer at 140 Degrees F.

Comment:

Violation Issued?: No

Food Temperature: Product/Item/Unit: GRAB AND GO; Temperature Process: Ambient Air

Location: Display Cooler at 39 Degrees F.

Comment:

Violation Issued?: No

Food Temperature: Product/Item/Unit: SOFT SERVE; Temperature Process: Cold-Holding

Location: Soft Serve Machine at 38 Degrees F.

Comment:

Violation Issued?: No

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

Location: Milk Cooler at 39 Degrees F.

Comment:

Violation Issued?: No

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

Location: Warmer at 147 Degrees F.

Comment:

Violation Issued?: No

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

Location: Upright Cooler at 33 Degrees F.

Comment:

Violation Issued?: No

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

Location: Walk-in Cooler at 33 Degrees F.

Comment:

Violation Issued?: No



St Cloud District Office
Minnesota Department of Health
4140 Thielman Lane, Suite 101
St Cloud, MN 56301

Sanitizer Observations/Recordings

Page: 1

Establishment Info

Foley High School
Foley
County/Group: Benton County

Inspection Info

Report Number: F1046251149
Inspection Type: Full
Date: 11/17/2025
Time: 11:30:49 AM

Sanitizing Chemical: Product: Quaternary Ammonia; **Sanitizing Process:** 3-Compartment Sink

Location: 3-Comp Sink **Equal To** 400 PPM

Comment:

Violation Issued?: No

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

Location: Dishwashing Area **Equal To** 173.2 Degrees F.

Comment:

Violation Issued?: No

Food Establishment Inspection Report

 St Cloud District Office Minnesota Department of Health 4140 Thielman Lane, Suite 101 St Cloud, MN 56301	No. of Risk Factor/Intervention/Violations		0	Date: 11/17/2025
	No. of Repeat Risk Factor/Intervention/Violations			Time: 11:30:49 AM
	Score (optional)			Dur: min
Establishment: Foley High School	Address: 621 Penn Street	City/State: Foley, MN	Zip: 56329	Phone: 3209688411
License/Permit #: 0014465	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	N/A	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	IN	Plant food properly cooked for hot holding		
35	OUT	Approved thawing methods used		
36		Thermometers provided & accurate		
Food Identification				
37		Food properly labeled; original container		
Prevention of Food Contamination				
38	X	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: