



Minnesota Department of Health
Environmental Health, FPLS
P.O. Box 64975
St. Paul, MN 55164-0975
651-201-4500

Type: Full
Date: 03/30/15
Time: 10:39:59
Report: 8063151057

Food and Beverage Establishment Inspection Report

Page 1

Location:

J. F. Kennedy Elementary
April Bechel, Fd. Ser. Directo
1175 Tyler Street
Hastings, MN55033
Dakota County, 19

Establishment Info:

ID #: 0015007
Risk: High
Announced Inspection: No

License Categories:

FBLB, HOSP, FBSC, FAIF, FBME

Expires on: 12/31/15

Operator:

Ind. School District No. 200

Phone #: 6514807126
ID #: 16838

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 previously issued on 11/15/12 have NOT been corrected.

4-300 Equipment Numbers and Capacities

4-301.11

MN Rule 4626.0675 Provide adequate mechanical refrigeration or hot holding devices to maintain potentially hazardous foods at proper temperatures.

THE SERVING COUNTER DOES NOT HAVE ANY MECHANICAL REFRIGERATION OR HOT HOLDING DEVICES. A NEW SERVING LINE WITH THESE ITEMS NEEDS TO BE INSTALLED. ALSO CONDIMENT TABLE DOES NOT HAVE ANY MECHANICAL REFRIGERATION.

Issued on: 11/15/12

Comply By: 11/26/12

No NEW orders were issued during this inspection.

Surface and Equipment Sanitizers

Hot Water: = at 162 Degrees Fahrenheit
Location: DISHWASHER
Violation Issued: No

Food and Equipment Temperatures

Process/Item: Cold Holding
Temperature: 32 Degrees Fahrenheit - Location: TRAULSEN UPRIGHT:STRING CHEESE
Violation Issued: No

Process/Item: Cold Holding
Temperature: 38 Degrees Fahrenheit - Location: WALK IN:STRING CHEESE
Violation Issued: No

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Process/Item: Cold Holding

Temperature: 40 Degrees Fahrenheit - Location: MILK COOLER:CHOCOLATE MILK

Violation Issued: No

Total Critical Orders This Report: 0

Total Non-Critical Orders This Report: 1

DISCUSSED EMPLOYEE ILLNESS WITH BECKY. ILL EMPLOYEES WITH SYMPTOMS OF VOMITING AND OR DIARRHEA ARE EXCLUDED FROM WORK UNTIL THEY ARE SYMPTOM FREE FOR AT LEAST 24 HOURS.

NOTE: All new food equipment must meet the applicable standards of NSF International. 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 8063151057 of 03/30/15.

Certified Food Manager: BECKY MANN

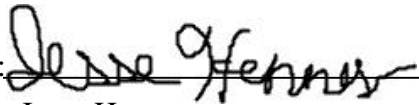
Certification Number: FM193 Expires: 02/19/16

Inspection report reviewed with person in charge and emailed.

Signed: _____

BECKY MANN
KITCHEN MANAGER

Signed: _____



Jesse Hennes
Environmental Health Specialist
Freeman
651-201-3985
jesse.hennes@state.mn.us

Report #: 8063151057

Food Establishment Inspection Report



Minnesota Department of Health
Environmental Health, FPLS
P.O. Box 64975
St. Paul, MN 55164-0975

No. of RF/PHI Categories Out

0

Date 03/30/15

No. of Repeat RF/PHI Categories Out

0

Time In 10:39:59

Legal Authority MN Rules Chapter 4626

Time Out

J. F. Kennedy Elementary

Address

April Bechel, Fd. Ser. Directo

City/State

Hastings, MN

Zip Code

55033

Telephone

6514807126

License/Permit #
0015007

Permit Holder

Ind. School District No. 200

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 | Compliance Status | | COS | R |
|--|----------------|-----|---|---|----------------|-----|---|
| Demonstration of Knowledge | | | | Potentially Hazardous Food Time/Temperature | | | |
| 1A | IN OUT N/A | | | 16 | IN OUT N/A N/O | | |
| 1B | IN OUT | | | 17 | IN OUT N/A N/O | | |
| Employee Health | | | | Consumer Advisory | | | |
| 2 | IN OUT | | | 23 | N/A in MN | | |
| 3 | IN OUT | | | Highly Susceptible Populations | | | |
| Good Hygienic Practices | | | | Chemical | | | |
| 4 | IN OUT N/O | | | 24 | N/A in MN | | |
| 5 | IN OUT N/O | | | Conformance with Approved Procedures | | | |
| Preventing Contamination by Hands | | | | Food additives: approved & properly used | | | |
| 6 | IN OUT N/O | | | 25 | IN OUT N/A | | |
| 7 | IN OUT N/A N/O | | | 26 | IN OUT | | |
| 8 | IN OUT | | | Conformance with HACCP plan and variance | | | |
| Approved Source | | | | | | | |
| 9 | IN OUT | | | | | | |
| 10 | IN OUT N/A N/O | | | | | | |
| 11 | IN OUT | | | | | | |
| 12 | IN OUT N/A N/O | | | | | | |
| Protection from Contamination | | | | | | | |
| 13 | IN OUT N/A | | | | | | |
| 14 | IN OUT N/A | | | | | | |
| 15 | IN OUT | | | | | | |

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

| Safe Food and Water | | COS | R | Proper Use of Utensils | | COS | R |
|---------------------------------|---|-----|---|--------------------------------------|--|-----|---|
| 28 | Pasteurized eggs used where required | | | 41 | In-use utensils: properly stored | | |
| 29 | Water & ice from approved source | | | 42 | Utensils, equipment & linens: properly stored, dried, & handled | | |
| 30 | N/A Variance obtained for specialized processing methods, documentation on file | | | 43 | Single-use & single service articles: properly stored & used | | |
| Food Temperature Control | | | | 44 | Gloves used properly | | |
| 31 | X Proper cooling methods used; adequate equipment for temperature control | | X | Utensil Equipment and Vending | | | |
| 32 | N/A Plant food properly cooked for hot holding | | | 45 | Food & non-food contact surfaces cleanable, properly designed, constructed, & used | | |
| 33 | Approved thawing methods used | | | 46 | Warewashing facilities: installed, maintained, & used; test strips | | |
| 34 | Thermometers provided and accurate | | | 47 | Non-food contact surfaces clean | | |
| Food Protection | | | | Physical Facilities | | | |
| 35 | Food properly labeled; original container | | | 48 | Hot & cold water available; adequate pressure | | |
| 36 | Insects, rodents, & animals not present; no unauthorized persons | | | 49 | Plumbing installed; proper backflow devices | | |
| 37 | Contamination prevented during food prep, storage & display | | | 50 | Sewage & waste water properly disposed | | |
| 38 | Personal cleanliness | | | 51 | Toilet facilities: properly constructed, supplied, & cleaned | | |
| 39 | Wiping cloths: properly used & stored | | | 52 | Garbage & refuse properly disposed; facilities maintained | | |
| 40 | Washing fruits & vegetables | | | 53 | Physical facilities installed, maintained, & clean | | |
| Food Recalls: | | | | 54 | Adequate ventilation & lighting; designated areas used | | |
| | | | | 55 | Compliance with MCIAA & Choking Poster | | |
| | | | | 56 | Compliance with licensing & plan review | | |

Person in Charge (Signature)

Date: 03/31/15

Inspector (Signature)

Follow-up Needed: YES (NO) (Circle one)

Follow-up Date: / /