



Mankato District Office
Minnesota Department of Health
12 Civic Center Plaza, Suite 2105
Mankato, MN 56001
Phone: 651-201-4500

Food & Beverage Inspection Report

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Establishment Info

St. Dominic School
216 Spring Street North
Northfield, MN 55057
Rice County
Parcel:

Phone: 5076458136
parishcenter@churchofstdominic.org

License Info

License: 0014028
Mary Lazaro-Hefer
Risk: High
License: FAIF-1, FBLB-1, HOSP-1,
FBSC-1, FBC2-1
Expires on: 12/31/2025
CFPM: Mary Lazaro-Hefer
CFPM #: 90175; Exp: 08/02/2026

Inspection Info

Report Number: F6504251186
Inspection Type: Full - Single
Date: 9/9/2025 Time: 11:35:27 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.

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 Mankato District Office inspection report number F6504251186 from 9/9/2025

Mary Lazaro-Hefer
FSD

Dave Reimann,
Public Health Sanitarian 3
507-344-2727
david.reimann@state.mn.us



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Temperature Observations/Recordings

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Establishment Info

St. Dominic School
Northfield
County/Group: Rice County

Inspection Info

Report Number: F6504251186
Inspection Type: Full
Date: 9/9/2025
Time: 11:35:27 AM

Equipment Temperature: Product/Item/Unit: ; Temperature Process: Cold-Holding

Location: Walk-in Freezer at 1 Degrees F.

Comment:

Violation Issued?: No

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

Location: TRUE Upright Cooler at 36 Degrees F.

Comment:

Violation Issued?: No

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

Location: Milk Cooler at 36 Degrees F.

Comment:

Violation Issued?: No

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

Location: Serving Line at 164 Degrees F.

Comment:

Violation Issued?: No



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Sanitizer Observations/Recordings

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| Establishment Info | Inspection Info |
|---|--|
| St. Dominic School Northfield County/Group: Rice County | Report Number: F6504251186 Inspection Type: Full Date: 9/9/2025 Time: 11:35:27 AM |

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

Location: Dishwashing Area **Equal To** 170 Degrees F.

Comment:

Violation Issued?: No

Food Establishment Inspection Report

| | | | | |
|---|---|---|---------------|------------------------|
|  <p>DEPARTMENT OF HEALTH</p> | Mankato District Office Minnesota Department of Health 12 Civic Center Plaza, Suite 2105 Mankato, MN 56001 | No. of Risk Factor/Intervention/Violations | 0 | Date: 9/9/2025 |
| | | No. of Repeat Risk Factor/Intervention/Violations | | Time: 11:35:27 AM |
| | | Score (optional) | | |
| Establishment: St. Dominic School | Address: 216 Spring Street North | City/State: Northfield, MN | Zip: 55057 | Phone: 5076458136 |
| License/Permit #: 0014028 | Permit Holder: Mary Lazaro-Hefer | 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 | N/O | Hands clean and properly washed | | |
| 9 | N/O | 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 | | |

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) <i>DW Reimann</i> | Follow-up: Follow-up Date: |
|---|---------------------------------|