



MN Department of Health
 Food Pools & Lodging Services
 P.O. Box 64975
 St. Paul, MN 55164-0975
 651/201-4500

Type: Full
 Date: 03/04/24
 Time: 11:29:00
 Report: 6504241061

Food and Beverage Establishment Inspection Report

Page 1

Location:

St. Dominic School
 216 Spring Street North
 Northfield, MN55057
 Rice County, 66

Establishment Info:

ID #: 0014028
 Risk: High
 Announced Inspection: No

License Categories:

FAIF, FBLB, HOSP, FBSC, FBC2

Expires on: 12/31/24

Operator:

St. Dominic School

Phone #: 5076458136
 ID #: 31528

The violations listed in this report include any previously issued orders and deficiencies identified during this inspection. Compliance dates are shown for each item.

No NEW orders were issued during this inspection.

Total Orders In This Report	Priority 1	Priority 2	Priority 3
	0	0	0

WALK-IN FREEZER: 5F, FOODS FIRM; TRUE REFRIGERATOR: MILK, 32F; MILK COOLER: 32F;
 HOT HOLD: SOUP, 192F; GRILLED CHEESE AN HAN SANDWICH: 148F; DISH WASHER UTENSIL
 SURFACE TEMPERATURE: OVER 160F WITH STRIPS.

ADDITIONAL CFPM: Karen A. Grieger #107222 exp: 7-20-2024

REPORT MAILED

NOTE: Plans and specifications must be submitted for review and approval prior to new construction, remodeling or alterations.

I acknowledge receipt of the MN Department of Health inspection report
 number 6504241061 of 03/04/24.

Certified Food Protection Manager: Mary C. Lazaro-Hefer

Certification Number: 90175 Expires: 08/02/26

Inspection report reviewed with person in charge and mailed.

Signed: Mailed
 Mary Lazaro-Hefer
 FSD

Signed: [Signature]
 David W. Reimann R.S.
 Environmental Health Spec III
 Mankato District Office
 507-344-2727
 david.reimann@state.mn.us

Report #: 6504241061

Food Establishment Inspection Report



MN Department of Health
Food Pools & Lodging Services
 P.O. Box 64975
 St. Paul, MN 55164-0975

No. of RF/PHI Categories Out	0	Date	03/04/24
No. of Repeat RF/PHI Categories Out	0	Time In	11:29:00
Legal Authority MN Rules Chapter 4626		Time Out	

St. Dominic School	Address 216 Spring Street North	City/State Northfield, MN	Zip Code 55057	Telephone 5076458136
License/Permit # 0014028	Permit Holder St. Dominic School	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	
Supervision																		
1	<input checked="" type="radio"/> IN	<input type="radio"/> OUT		PIC knowledgeable; duties & oversight						18	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input checked="" type="radio"/> N/O	Proper cooking time & temperature			
2	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	Certified food protection manager, duties						19	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input checked="" type="radio"/> N/O	Proper reheating procedures for hot holding			
Employee Health																		
3	<input checked="" type="radio"/> IN	<input type="radio"/> OUT		Mgmt/Staff; knowledge, responsibilities & reporting						20	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input checked="" type="radio"/> N/O	Proper cooling time & temperature			
4	<input checked="" type="radio"/> IN	<input type="radio"/> OUT		Proper use of reporting, restriction & exclusion						21	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input type="radio"/> N/O	Proper hot holding temperatures			
5	<input checked="" type="radio"/> IN	<input type="radio"/> OUT		Procedures for responding to vomiting & diarrheal events						22	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A		Proper cold holding temperatures			
Good Hygienic Practices																		
6	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/O	Proper eating, tasting, drinking, or tobacco use						23	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input type="radio"/> N/O	Proper date marking & disposition			
7	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/O	No discharge from eyes, nose, & mouth						24	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input checked="" type="radio"/> N/A	<input type="radio"/> N/O	Time as a public health control: procedures & records			
Preventing Contamination by Hands																		
8	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/O	Hands clean & properly washed						Consumer Advisory								
9	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input checked="" type="radio"/> N/O	No bare hand contact with RTE foods or pre-approved alternate procedure properly followed					25	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input checked="" type="radio"/> N/A		Consumer advisory provided for raw/undercooked food			
10	<input checked="" type="radio"/> IN	<input type="radio"/> OUT		Adequate handwashing sinks supplied/accessible						Highly Susceptible Populations								
Approved Source																		
11	<input checked="" type="radio"/> IN	<input type="radio"/> OUT		Food obtained from approved source						26	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input checked="" type="radio"/> N/A		Pasteurized foods used; prohibited foods not offered			
12	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input checked="" type="radio"/> N/O	Food received at proper temperature					Food and Color Additives and Toxic Substances								
13	<input checked="" type="radio"/> IN	<input type="radio"/> OUT		Food in good condition, safe, & unadulterated						27	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input checked="" type="radio"/> N/A		Food additives: approved & properly used			
14	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input checked="" type="radio"/> N/A	<input type="radio"/> N/O	Required records available; shellstock tags, parasite destruction					28	<input checked="" type="radio"/> IN	<input type="radio"/> OUT			Toxic substances properly identified, stored, & used			
Protection from Contamination																		
15	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input type="radio"/> N/O	Food separated and protected					Conformance with Approved Procedures								
16	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A		Food contact surfaces: cleaned & sanitized					29	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input checked="" type="radio"/> N/A		Compliance with variance/specialized process/HACCP			
17	<input checked="" type="radio"/> IN	<input type="radio"/> OUT			Proper disposition of returned, previously served, reconditioned, & unsafe food					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

	Compliance Status						COS	R		Compliance Status						COS	R	
Safe Food and Water																		
30	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input checked="" type="radio"/> N/A		Pasteurized eggs used where required					Proper Use of Utensils								
31	<input checked="" type="radio"/> IN	<input type="radio"/> OUT			Water & ice obtained from an approved source					43	<input checked="" type="radio"/> IN	<input type="radio"/> OUT			In-use utensils: properly stored			
32	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input checked="" type="radio"/> N/A		Variance obtained for specialized processing methods					44	<input checked="" type="radio"/> IN	<input type="radio"/> OUT			Utensils, equipment & linens: properly stored, dried, & handled			
Food Temperature Control																		
33	<input checked="" type="radio"/> IN	<input type="radio"/> OUT			Proper cooling methods used; adequate equipment for temperature control					45	<input checked="" type="radio"/> IN	<input type="radio"/> OUT			Single-use/single service articles: properly stored & used			
34	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input checked="" type="radio"/> N/O	Plant food properly cooked for hot holding					46	<input checked="" type="radio"/> IN	<input type="radio"/> OUT			Gloves used properly			
35	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input checked="" type="radio"/> N/O	Approved thawing methods used					Utensil Equipment and Vending								
36	<input checked="" type="radio"/> IN	<input type="radio"/> OUT			Thermometers provided & accurate					47	<input checked="" type="radio"/> IN	<input type="radio"/> OUT			Food & non-food contact surfaces cleanable, properly designed, constructed, & used			
Food Identification																		
37	<input checked="" type="radio"/> IN	<input type="radio"/> OUT			Food properly labeled; original container					48	<input checked="" type="radio"/> IN	<input type="radio"/> OUT			Warewashing facilities: installed, maintained, & used; test strips			
Prevention of Food Contamination																		
38	<input checked="" type="radio"/> IN	<input type="radio"/> OUT			Insects, rodents, & animals not present					49	<input checked="" type="radio"/> IN	<input type="radio"/> OUT			Non-food contact surfaces clean			
39	<input checked="" type="radio"/> IN	<input type="radio"/> OUT			Contamination prevented during food prep, storage & display					Physical Facilities								
40	<input checked="" type="radio"/> IN	<input type="radio"/> OUT			Personal cleanliness					50	<input checked="" type="radio"/> IN	<input type="radio"/> OUT			Hot & cold water available; adequate pressure			
41	<input checked="" type="radio"/> IN	<input type="radio"/> OUT			Wiping cloths: properly used & stored					51	<input checked="" type="radio"/> IN	<input type="radio"/> OUT			Plumbing installed; proper backflow devices			
42	<input checked="" type="radio"/> IN	<input type="radio"/> OUT			Washing fruits & vegetables					52	<input checked="" type="radio"/> IN	<input type="radio"/> OUT			Sewage & waste water properly disposed			
Food Recalls:																		
Person in Charge (Signature) <u>Mailed</u> Date: 03/04/24																		
Inspector (Signature) <u>[Signature]</u>																		