



Minnesota Department of Health  
Environmental Health Division  
12 Civic Center Plaza  
Mankato  
507-344-2727

Type: Full  
Date: 09/17/24  
Time: 10:38:00  
Report: 6504241069

# 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: 8F, FOODS FIRM; TRUE REFRIGERATOR: 36F; MILK COOLER: 36F; DISH WASHER: UTENSIL SURFACE TEMPERATURE WITH STRIPS: AT LEAST 160F.

ADDITIONAL CFPM: Karen A. Grieger #107222 exp: 7-21-2027

REPORT E-MAILED TO:

kitchen@schoolofstdominics.org

**NOTE: 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 6504241069 of 09/17/24.

Certified Food Protection Manager: Mary C. Lazaro-Hefer

Certification Number: 90175 Expires: 08/02/26

**Inspection report reviewed with person in charge and emailed.**

Signed: E-mailed  
Mary Lazaro-Hefer

Signed: David Reimann  
David Reimann  
Environmental Health Specialist  
Mankato District Office  
507-344-2727  
david.reimann@state.mn.us

Report #: 6504241069

# Food Establishment Inspection Report



**Minnesota Department of Health**  
**Environmental Health Division**  
 12 Civic Center Plaza  
 Mankato

No. of RF/PHI Categories Out: 0

Date: 09/17/24

No. of Repeat RF/PHI Categories Out: 0

Time In: 10:38:00

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	Description
<b>Supervision</b>			
1 (IN) OUT			PIC knowledgeable; duties & oversight
2 (IN) OUT N/A			Certified food protection manager, duties
<b>Employee Health</b>			
3 (IN) OUT			Mgmt/Staff; knowledge, responsibilities & reporting
4 (IN) OUT			Proper use of reporting, restriction & exclusion
5 (IN) OUT			Procedures for responding to vomiting & diarrheal events
<b>Good Hygienic Practices</b>			
6 (IN) OUT N/O			Proper eating, tasting, drinking, or tobacco use
7 (IN) OUT N/O			No discharge from eyes, nose, & mouth
<b>Preventing Contamination by Hands</b>			
8 (IN) OUT N/O			Hands clean & properly washed
9 (IN) OUT N/A N/O			No bare hand contact with RTE foods or pre-approved alternate procedure properly followed
10 (IN) OUT			Adequate handwashing sinks supplied/accessible
<b>Approved Source</b>			
1 (IN) OUT			Food obtained from approved source
12 IN OUT N/A (N/O)			Food received at proper temperature
13 (IN) OUT			Food in good condition, safe, & unadulterated
14 IN OUT (N/A) N/O			Required records available; shellstock tags, parasite destruction
<b>Protection from Contamination</b>			
15 (IN) OUT N/A N/O			Food separated and protected
16 (IN) OUT N/A			Food contact surfaces: cleaned & sanitized
17 (IN) OUT			Proper disposition of returned, previously served, reconditioned, & unsafe food

Compliance Status	COS	R	Description
<b>Time/Temperature Control for Safety</b>			
18 IN OUT N/A (N/O)			Proper cooking time & temperature
19 IN OUT N/A (N/O)			Proper reheating procedures for hot holding
20 IN OUT N/A (N/O)			Proper cooling time & temperature
21 IN OUT N/A (N/O)			Proper hot holding temperatures
22 (IN) OUT N/A			Proper cold holding temperatures
23 (IN) OUT N/A N/O			Proper date marking & disposition
24 IN OUT (N/A) N/O			Time as a public health control: procedures & records
<b>Consumer Advisory</b>			
25 IN OUT (N/A)			Consumer advisory provided for raw/undercooked food
<b>Highly Susceptible Populations</b>			
26 IN OUT (N/A)			Pasteurized foods used; prohibited foods not offered
<b>Food and Color Additives and Toxic Substances</b>			
27 IN OUT (N/A)			Food additives: approved & properly used
28 (IN) OUT			Toxic substances properly identified, stored, & used
<b>Conformance with Approved Procedures</b>			
29 IN OUT (N/A)			Compliance with variance/specialized process/HACCP

**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	Description
<b>Safe Food and Water</b>			
30 IN OUT (N/A)			Pasteurized eggs used where required
31			Water & ice obtained from an approved source
32 IN OUT (N/A)			Variance obtained for specialized processing methods
<b>Food Temperature Control</b>			
33			Proper cooling methods used; adequate equipment for temperature control
34 IN OUT N/A (N/O)			Plant food properly cooked for hot holding
35 (IN) OUT N/A N/O			Approved thawing methods used
36			Thermometers provided & accurate
<b>Food Identification</b>			
37			Food properly labeled; original container
<b>Prevention of Food Contamination</b>			
38			Insects, rodents, & animals not present
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	Description
<b>Proper Use of Utensils</b>			
43			In-use utensils: properly stored
44			Utensils, equipment & linens: properly stored, dried, & handled
45			Single-use/single service articles: properly stored & used
46			Gloves used properly
<b>Utensil Equipment and Vending</b>			
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
<b>Physical Facilities</b>			
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 & plan review

Food Recalls:

Person in Charge (Signature) *E-mailed*

Date: 09/17/24

Inspector (Signature) *R. Rein*