



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

Type: Full
 Date: 02/09/22
 Time: 12:00:00
 Report: 6504221023

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: 12/31/22

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	0

WALK-IN FREEZER: SOLID; BEVERAGE AIRE: 33F; MILK COOLER: 34F; HOT HOLD: 132F; DISH WASHER RINSES: 180 F WITH STRIPS

ADDITIONAL CFPM: Karen Grieger #107222 exp: 7.20.2024

REPORT E-MAILED TO: kitchen@schoolofstdominic.org

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 6504221023 of 02/09/22.

Certified Food Protection Manager: Mary C. Lazaro-Hefer

Certification Number: 90175 Expires: 08/01/23

Inspection report reviewed with person in charge and emailed.

Signed: E-mailed
 Mary C. 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 #: 6504221023

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: 02/09/22

No. of Repeat RF/PHI Categories Out: 0

Time In: 12:00:00

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
Supervision			
1 <input checked="" type="radio"/> IN <input type="radio"/> OUT			PIC knowledgeable; duties & oversight
2 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A			Certified food protection manager, duties
Employee Health			
3 <input checked="" type="radio"/> IN <input type="radio"/> OUT			Mgmt/Staff; knowledge, responsibilities & reporting
4 <input checked="" type="radio"/> IN <input type="radio"/> OUT			Proper use of reporting, restriction & exclusion
5 <input checked="" type="radio"/> IN <input type="radio"/> OUT			Procedures for responding to vomiting & diarrheal events
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
7 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O			No discharge from eyes, nose, & mouth
Preventing Contamination by Hands			
8 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O			Hands clean & properly washed
9 <input 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
10 <input checked="" type="radio"/> IN <input type="radio"/> OUT			Adequate handwashing sinks supplied/accessible
Approved Source			
1 <input checked="" type="radio"/> IN <input type="radio"/> OUT			Food obtained from approved source
12 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O			Food received at proper temperature
13 <input checked="" type="radio"/> IN <input type="radio"/> OUT			Food in good condition, safe, & unadulterated
14 <input 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
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
16 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A			Food contact surfaces: cleaned & sanitized
17 <input checked="" type="radio"/> IN <input type="radio"/> OUT			Proper disposition of returned, previously served, reconditioned, & unsafe food

Compliance Status	COS	R	Description
Time/Temperature Control for Safety			
18 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O			Proper cooking time & temperature
19 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O			Proper reheating procedures for hot holding
20 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O			Proper cooling time & temperature
21 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Proper hot holding temperatures
22 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A			Proper cold holding temperatures
23 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Proper date marking & disposition
24 <input 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
Consumer Advisory			
25 <input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A			Consumer advisory provided for raw/undercooked food
Highly Susceptible Populations			
26 <input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A			Pasteurized foods used; prohibited foods not offered
Food and Color Additives and Toxic Substances			
27 <input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A			Food additives: approved & properly used
28 <input checked="" type="radio"/> IN <input type="radio"/> OUT			Toxic substances properly identified, stored, & used
Conformance with Approved Procedures			
29 <input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> 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
Safe Food and Water			
30 <input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A			Pasteurized eggs used where required
31 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Water & ice obtained from an approved source
32 <input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A			Variance obtained for specialized processing methods
Food Temperature Control			
33 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Proper cooling methods used; adequate equipment for temperature control
34 <input 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
35 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O			Approved thawing methods used
36 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Thermometers provided & accurate
Food Identification			
37 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Food properly labeled; original container
Prevention of Food Contamination			
38 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Insects, rodents, & animals not present
39 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Contamination prevented during food prep, storage & display
40 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Personal cleanliness
41 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Wiping cloths: properly used & stored
42 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Washing fruits & vegetables

Compliance Status	COS	R	Description
Proper Use of Utensils			
43 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			In-use utensils: properly stored
44 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Utensils, equipment & linens: properly stored, dried, & handled
45 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Single-use/single service articles: properly stored & used
46 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Gloves used properly
Utensil Equipment and Vending			
47 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Food & non-food contact surfaces cleanable, properly designed, constructed, & used
48 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Warewashing facilities: installed, maintained, & used; test strips
49 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Non-food contact surfaces clean
Physical Facilities			
50 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Hot & cold water available; adequate pressure
51 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Plumbing installed; proper backflow devices
52 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Sewage & waste water properly disposed
53 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Toilet facilities: properly constructed, supplied, & cleaned
54 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Garbage & refuse properly disposed; facilities maintained
55 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Physical facilities installed, maintained, & clean
56 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Adequate ventilation & lighting; designated areas used
57 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Compliance with MCIAA
58 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Compliance with licensing & plan review

Food Recalls:

Person in Charge (Signature) *E-mailed*

Date: 02/09/22

Inspector (Signature) *[Signature]*