



Type: Full
Date: 04/16/24
Time: 22:11:43
Report: 1036241074

Food and Beverage Establishment Inspection Report

Location:

Hastings Middle School and Poo
Brittney Hirschauer, Fd. Ser.
1000 West 11th Street
Hastings, MN55033
Dakota County, 19

Establishment Info:

ID #: 0015004
Risk: High
Announced Inspection: No

License Categories:

FAIF, FBLB, HOSP, FBSC, FBSW, FBC2
Expires on: 12/31/24

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 were issued during this inspection.

2-100 Supervision

2-102.11JKLMO ** Priority 2 **

MN Rule 4626.0030JKLMO The person in charge must be able to demonstrate their knowledge to the inspector of the food safety risks within their food operation and the relationship of the following factors to preventing foodborne disease: maintaining the food establishment and equipment in a clean condition and in good repair; procedures for cleaning and sanitizing utensils and food-contact surfaces of equipment; the importance of adequate food service equipment; responsibilities when a HACCP plan is required; proper use of toxic compounds in the establishment; and preventing contamination of the water supply from plumbing cross connections or backflow.

THERE IS A SIGNIFICANT BUILD UP OF DUST ON THE LIGHT FIXTURES IN THE EXHAUST VENT HOOD. CLEAN AT A GREATER FREQUENCY TO PREVENT SUCH ACCUMULATION.

Comply By: 07/17/24

6-200 Physical Facility Design and Construction

6-202.11A

MN Rule 4626.1375A Provide effective shielding, coated or shatter-resistant light bulbs for all light fixtures where there is exposed food, clean equipment, utensils and linens, or unwrapped single-service or single-use articles.

THERE IS A LOOSE LIGHT SHIELD OVER THE GRILL AREA IN THE VENT HOOD. REPAIR AND MAINTAIN.

Comply By: 07/17/24

Surface and Equipment Sanitizers

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WASH TEMP: = at 153 Degrees Fahrenheit
Location: DISH MACHINE
Violation Issued: No

UTENSIL SURFACE TEMP: = at 165 Degrees Fahrenheit
Location: DISH MACHINE
Violation Issued: No

FINAL RINSE TEMP: = at 190 Degrees Fahrenheit
Location: DISH MACHINE
Violation Issued: No

QUATERNARY AMMONIA: = 0PPM at Degrees Fahrenheit
Location: SANITIZER DISPENSER
Violation Issued: Yes

QUATERNARY AMMONIA: = 400PPM at Degrees Fahrenheit
Location: SANITIZER DISPENSER (CORRECTED)
Violation Issued: No

Food and Equipment Temperatures

Process/Item: Ambient Temp
Temperature: 0 Degrees Fahrenheit - Location: WALK IN FREEZER 5
Violation Issued: No

Process/Item: Cold Hold/MILK
Temperature: 34 Degrees Fahrenheit - Location: TRUE MILK COOLER
Violation Issued: No

Process/Item: Cold Hold/MILK
Temperature: 39 Degrees Fahrenheit - Location: CONTINENTAL MILK COOLER
Violation Issued: No

Process/Item: Ambient Temp
Temperature: 35 Degrees Fahrenheit - Location: EVEREST REACH IN 6
Violation Issued: No

Process/Item: Hot Holding/MEAT
Temperature: 171 Degrees Fahrenheit - Location: STEAM WELL
Violation Issued: No

Process/Item: Ambient Temp
Temperature: 40 Degrees Fahrenheit - Location: CONTINENTAL REACH IN COOLER 3
Violation Issued: No

Process/Item: Cold Hold/STRAWBERRIES
Temperature: 35 Degrees Fahrenheit - Location: WALK IN COOLER 2
Violation Issued: No

Process/Item: Ambient Temp
Temperature: 37 Degrees Fahrenheit - Location: WALK IN COOLER 1
Violation Issued: No

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

UNANNOUNCED FULL OPERATIONAL INSPECTION WAS CONDUCTED BY JEFF JOHANSON.

DISCUSSED:

- EMPLOYEE ILLNESS LOG AND EXCLUSION POLICY.
- THERMOMETER USAGE.
- RECEIVING TEMPERATURES.
- SANITIZER USE AND TEST KITS.
- HANDWASHING/GLOVE USAGE.
- PEST CONTROL.
- ALL VIOLATIONS ON THIS REPORT

**IF ANY STUDENTS OR STAFF COMPLAIN OF ILLNESS, CONTACT THE MINNESOTA DEPARTMENT OF HEALTH AND PROVIDE THE FOODBORNE ILLNESS HOTLINE PHONE NUMBER TO THE CUSTOMER. THE FOODBORNE ILLNESS HOTLINE PHONE NUMBER IS 1-877-366-3455.

ALWAYS CONTACT SANITARIAN OR MDH PLAN REVIEW PRIOR TO ANY MODIFICATIONS, REMODELING OR CONSTRUCTION.

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

I acknowledge receipt of the inspection report number 1036241074 of 04/16/24.


Certified Food Protection Manager: VALERIE ENGSTROM

Certification Number: FM16083 Expires: 10/22/26

Inspection report reviewed with person in charge and emailed.

Signed: _____

VALERIE ENGSTROM
KITCHEN MANAGER

Signed:  _____

Jeff Johanson