

Type: Full
Date: 03/09/23
Time: 12:10:43
Report: 1037231064

Food and Beverage Establishment Inspection Report

Page 1

Location:

Foley High School
621 Penn Street
Foley, MN56329
Benton County, 05

Establishment Info:

ID #: 0014465
Risk: High
Announced Inspection: No

License Categories:

FAIF, FBLB, HOSP, FBSC, FBSW, FBC2, FBSS-2

Expires on: 12/31/23

Operator:

Ind. School District No. 51

Phone #: 3209688411
ID #: 16262

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 previously issued on 10/17/22 have NOT been corrected.

3-600 Food Identity

3-602.11A

MN Rule 4626.0435A Label all food packaged in the food establishment as specified in law.

PACKAGED SMOOTHIE AND YOGURT WAS NOT LABELED AT TIME OF INSPECTION. LABEL ITEMS THAT ARE PACKAGED ON SITE AND AVAILABLE FOR GRAB AND GO SALES. SEE ATTACHED LABEL REQUIREMENTS. 3/9/23 ADD NET CONTENTS, INGREDIENTS, AND MAJOR ALLERGENS TO PACKAGED FOODS.

Issued on: 10/17/22

Comply By: 10/17/22

The following orders were issued during this inspection.

4-500 Equipment Maintenance and Operation

4-501.114C3

**** Priority 1 ****

MN Rule 4626.0805C3 Provide and maintain an approved quaternary ammonium compound sanitizing solution in water with 500 ppm hardness or less, a minimum temperature of 75 degrees F (24 degrees C) and a concentration specified in 21CFR.178.1010 and as indicated by the manufacturer's use directions and label.

QUATERNARY AMMONIUM CONCENTRATION WAS 0 PPM AND 50 PPM IN SANITIZER BUCKETS NEAR THE SERVING LINES. BUCKETS WERE DUMPED AND REFILLED WHILE ONSITE. MAINTAIN A MINIMUM CONCENTRATION OF 200 PPM OF QUATERNARY AMMONIUM.

Corrected on Site

Surface and Equipment Sanitizers

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Hot Water: = at 167 Degrees Fahrenheit
Location: DISHWASHER
Violation Issued: No

Quaternary Ammonia: = 200 at Degrees Fahrenheit
Location: 3 COMPARTMENT SINK
Violation Issued: No

Quaternary Ammonia: = 0 at Degrees Fahrenheit
Location: SANITIZER BUCKET - SERVING LINE 1
Violation Issued: Yes

Quaternary Ammonia: = 50 at Degrees Fahrenheit
Location: SANITIZER BUCKET - SERVING LINE 2
Violation Issued: Yes

Quaternary Ammonia: = 200 at Degrees Fahrenheit
Location: SANITIZER BUCKET - SERVING LINE 1 REFILL
Violation Issued: No

Quaternary Ammonia: = 200 at Degrees Fahrenheit
Location: SANITIZER BUCKET - SERVING LINE 2 REFILL
Violation Issued: No

Food and Equipment Temperatures

Process/Item: Walk-In Cooler
Temperature: 39 Degrees Fahrenheit - Location: SLICED HAM
Violation Issued: No

Process/Item: Walk-In Cooler
Temperature: 39 Degrees Fahrenheit - Location: PACKAGED CHEESE STICK
Violation Issued: No

Process/Item: SOFT SERVE MACHINE
Temperature: 37 Degrees Fahrenheit - Location: CHOCOLATE SOFT SERVE
Violation Issued: No

Process/Item: Milk Carton Server
Temperature: 39 Degrees Fahrenheit - Location: MILK CARTON
Violation Issued: No

Process/Item: Hot Holding
Temperature: 153 Degrees Fahrenheit - Location: BAKED BEANS - SERVING LINE 1
Violation Issued: No

Process/Item: Display Cooler
Temperature: 29 Degrees Fahrenheit - Location: DICED STRAWBERRIES - SERVING LINE 1
Violation Issued: No

Process/Item: Hot Holding
Temperature: 139 Degrees Fahrenheit - Location: BAKED BEANS - SERVING LINE 2
Violation Issued: No

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Process/Item: Display Cooler

Temperature: 30 Degrees Fahrenheit - Location: SLICED STRAWBERRIES - SERVING LINE 2

Violation Issued: No

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

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 1037231064 of 03/09/23.

Certified Food Protection Manager DIANA M GORECKI

Certification Number: 51939 Expires: 01/27/25

Inspection report reviewed with person in charge and emailed.

Signed: _____

Establishment Representative

Signed: Michelle L Hovanes

Michelle Hovanes
Public Health Sanitarian
St. Cloud
320-223-7307
michelle.hovanes@state.mn.us

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Food Establishment Inspection Report



No. of RF/PHI Categories Out

1

Date 03/09/23

No. of Repeat RF/PHI Categories Out

0

Time In 12:10:43

Legal Authority MN Rules Chapter 4626

Time Out

Foley High School

Address

621 Penn Street

City/State

Foley, MN

Zip Code

56329

Telephone

3209688411

License/Permit #

0014465

Permit Holder

Ind. School District No. 51

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

Supervision

1	IN	OUT	PIC knowledgeable; duties & oversight		
2	IN	OUT N/A	Certified food protection manager, duties		

Employee Health

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		

Good Hygienic Practices

6	IN	OUT	N/O	Proper eating, tasting, drinking, or tobacco use		
7	IN	OUT	N/O	No discharge from eyes, nose, & mouth		

Preventing Contamination by Hands

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		

Approved Source

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		

Protection from Contamination

15	IN	OUT	N/A	N/O	Food separated and protected		
16	IN	OUT	N/A		Food contact surfaces: cleaned & sanitized	X	
17	IN	OUT			Proper disposition of returned, previously served, reconditioned, & unsafe food		

Compliance Status

COS R

Time/Temperature Control for Safety

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		

Consumer Advisory

25	IN	OUT	N/A		Consumer advisory provided for raw/undercooked food		
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Highly Susceptible Populations

26	IN	OUT	N/A		Pasteurized foods used; prohibited foods not offered		
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Food and Color Additives and Toxic Substances

27	IN	OUT	N/A		Food additives: approved & properly used		
28	IN	OUT			Toxic substances properly identified, stored, & used		

Conformance with Approved Procedures

29	IN	OUT	N/A		Compliance with variance/specialized process/HACCP		
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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

Safe Food and Water

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		

Food Temperature Control

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		

Food Identification

37	X				Food properly labeled; original container		X
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Prevention of Food Contamination

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		

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 & used		
46					Gloves used properly		

Utensil 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 & plan review		

Food Recalls:

Person in Charge (Signature)

Date: 03/09/23

Inspector (Signature)

M. J. J. J. J.