

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

License Categories:

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

Expires on: 12/31/23

Establishment Info:

ID #: 0014465 Risk: High

Announced Inspection: No

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

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Type: Full
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Foley High School

Food and Beverage Establishment Inspection Report

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 LINE1

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

Full Food and Beverage Establishment Page 3

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

Inspection Report

Process/Item:	Display	Cooler
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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:______ Signed:_____

Establishment Representative

Michelle Hovanes Public Health Sanitarian St. Cloud 320-223-7307

michelle.hovanes@state.mn.us

					N	o. of RF/PHI	Categories C	Out	1	Date	03/09/
					N	o. of Repeat	RF/PHI Cated	gories Out	0	Time In	12:10:
DEPARTMENT OF HEALTH					L	egal Authori	ty MN Rules (Chapter 4626		Time Out	t
Foley High School	Address 621 Penn Street		Ш		y/Stat			Zip Code 56329		ohone 9688411	
License/Permit #	Permit Holder			Pu	rpose	of Inspection	n	Est Type	3200	Risk Cate	jory
0014465	Ind. School District No. 51			Fu						Н	
Circle designated co	FOODBORNE ILLNESS RISK ompliance status (IN, OUT, N/O, N/A) for each no		RS A	ND F	PUBL	IC HEAL		ENTIONS "X" in appropriate box	x for COS	and/or R	
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