



Type: Full  
Date: 10/27/22  
Time: 12:22:00  
Report: 1036221073

## 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: 12/31/22

**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.

### 4-500 Equipment Maintenance and Operation

#### 4-501.11AB

MN Rule 4626.0735AB All equipment and components must be in good repair and maintained and adjusted in accordance with manufacturer's specifications.

WALK IN FREEZER FOUND WITH A LARGE AMOUNT OF ICE BUILD UP. REMOVE EXCESS ICE.

*Comply By: 11/17/22*

### 4-600 Cleaning Equipment and Utensils

#### 4-601.11C

MN Rule 4626.0840C Clean non-food contact surfaces of equipment and maintain free of accumulations of dust, dirt, food residue, and other debris.

CLEAN AND MAINTAIN CLEAN THE FOLLOWING NON-FOOD CONTACT SURFACES: FANS IN DISH ROOM AND ON TOP OF ALL KITCHEN APPLIANCES AS SIGNIFICANT AMOUNT OF DUST HAS ACCUMULATED.

*Comply By: 11/17/22*

### 5-200A Plumbing: approved materials/design

#### 5-201.11B

MN Rule 4626.1040B Maintain the plumbing system in good repair.

OBSERVED LEAKING WATER LINE BEHIND DISHWASHER. REPAIR AND MAINTAIN.

*Comply By: 11/17/22*

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## Surface and Equipment Sanitizers

Hot Water: = at 170.6 Degrees Fahrenheit  
Location: Dish Machine  
Violation Issued: No

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QUATERNARY AMMONIA: = 200 ppm at Degrees Fahrenheit  
Location: Kitchen Sani Bucket  
Violation Issued: No

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QUATERNARY AMMONIA: = 200 ppm at Degrees Fahrenheit  
Location: Kitchen Sani Bucket  
Violation Issued: No

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QUATERNARY AMMONIA: = 200 ppm at Degrees Fahrenheit  
Location: Kitchen Sani Bucket  
Violation Issued: No

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## Food and Equipment Temperatures

Process/Item: Cold Hold/Milk  
Temperature: 40 Degrees Fahrenheit - Location: Walk in cooler  
Violation Issued: No

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Process/Item: Cold Hold/Shred Cheese  
Temperature: 40 Degrees Fahrenheit - Location: Walk in cooler  
Violation Issued: No

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Process/Item: Cold Hold/Yogurt  
Temperature: 40 Degrees Fahrenheit - Location: Walk in cooler  
Violation Issued: No

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Process/Item: Cold Hold/Creamer  
Temperature: 39 Degrees Fahrenheit - Location: Continental fridge  
Violation Issued: No

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Process/Item: Cold Hold/Pizza  
Temperature: 39 Degrees Fahrenheit - Location: Everest fridge  
Violation Issued: No

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Process/Item: Cold Hold/Burger  
Temperature: 39 Degrees Fahrenheit - Location: Everest fridge  
Violation Issued: No

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Process/Item: Cold Hold/Milk  
Temperature: 40 Degrees Fahrenheit - Location: Milk dispenser  
Violation Issued: No

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Process/Item: Ambient Temp  
Temperature: 6 Degrees Fahrenheit - Location: Walk in freezer  
Violation Issued: No

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Process/Item: Cold Hold/Slice Fruit  
Temperature: Degrees Fahrenheit - Location: Walk in cooler  
Violation Issued: No

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

DISCUSSED ALL ORDERS ON SITE IN ADDITION TO THE FOLLOWING:

- EMPLOYEE ILLNESS LOG AND EXCLUSION POLICY.
- SANITIZER USE AND TEST KITS.
- HAND WASHING POLICY AND REVIEW.
- GLOVE USAGE
- THERMOMETER USE AND CALIBRATION.
- DATE MARKING.
- PEST CONTROL.

REVIEWED THE SYMPTOMS OF FOODBORNE ILLNESSES AND THE REQUIREMENT TO MAINTAIN A DOCUMENTED RECORD OF ALL INSTANCES OF EMPLOYEES BEING ILL WITH EITHER VOMITING OR DIARRHEA AS REQUIRED BY THE MINNESOTA FOOD CODE & EXCLUDE ILL WORKERS FROM WORKING WITH FOOD & BEVERAGES UNTIL 24 HOURS AFTER SYMPTOMS HAVE ENDED.

**\*\*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.**

**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 1036221073 of 10/27/22.

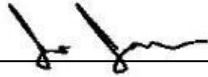
Certified Food Protection Manager: Valerie Engstrom

Certification Number: FM16083 Expires: 10/21/23

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

Signed: \_\_\_\_\_

Valerie Engstrom  
Kitchen Manager

Signed:  \_\_\_\_\_

Jeff Johanson

# Food Establishment Inspection Report



No. of RF/PHI Categories Out	0	Date	10/27/22
No. of Repeat RF/PHI Categories Out	0	Time In	12:22:00
Legal Authority MN Rules Chapter 4626		Time Out	

Hastings Middle School and Poo	Address Brittney Hirschauer, Fd. Ser.	City/State Hastings, MN	Zip Code 55033	Telephone 6514807126
License/Permit # 0015004	Permit Holder Ind. School District No. 200	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	Compliance Status		COS	R
<b>Supervision</b>							
1	<input checked="" type="radio"/> IN <input type="radio"/> OUT			18	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O		
2	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A			19	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O		
<b>Employee Health</b>							
3	<input checked="" type="radio"/> IN <input type="radio"/> OUT			20	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O		
4	<input checked="" type="radio"/> IN <input type="radio"/> OUT			21	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O		
5	<input checked="" type="radio"/> IN <input type="radio"/> OUT			22	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A		
<b>Good Hygienic Practices</b>							
6	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O			23	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
7	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O			24	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A <input type="radio"/> N/O		
<b>Preventing Contamination by Hands</b>							
8	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O			<b>Consumer Advisory</b>			
9	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O			25	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A		
10	<input checked="" type="radio"/> IN <input type="radio"/> OUT			<b>Highly Susceptible Populations</b>			
<b>Approved Source</b>							
11	<input checked="" type="radio"/> IN <input type="radio"/> OUT			26	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A		
12	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O			<b>Food and Color Additives and Toxic Substances</b>			
13	<input checked="" type="radio"/> IN <input type="radio"/> OUT			27	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A		
14	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A <input type="radio"/> N/O			28	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
<b>Protection from Contamination</b>							
15	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			<b>Conformance with Approved Procedures</b>			
16	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A			29	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A		
17	<input checked="" type="radio"/> IN <input type="radio"/> OUT			<b>Risk factors (RF)</b> are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. <b>Public Health Interventions (PHI)</b> 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	Compliance Status		COS	R
<b>Safe Food and Water</b>							
30	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A			<b>Proper Use of Utensils</b>			
31	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			43	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
32	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A			44	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
<b>Food Temperature Control</b>							
33	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			45	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
34	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O			46	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
35	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O			<b>Utensil Equipment and Vending</b>			
36	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			47	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
<b>Food Identification</b>							
37	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			48	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
<b>Prevention of Food Contamination</b>							
38	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			49	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
39	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			<b>Physical Facilities</b>			
40	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			50	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
41	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			51	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O		
42	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			52	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
<b>Food Recalls:</b> _____							

Person in Charge (Signature)

Date: 10/28/22

Inspector (Signature)