



Type: Full
Date: 10/25/22
Time: 12:08:56
Report: 1036221068

Food and Beverage Establishment Inspection Report

Location:

J. F. Kennedy Elementary
Brittney Hirschauer, Fd. Ser.
1175 Tyler Street
Hastings, MN55033
Dakota County, 19

Establishment Info:

ID #: 0015007
Risk: Medium
Announced Inspection: No

License Categories:

FAIF, FBLB, HOSP, FBSC, 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.

No NEW orders were issued during this inspection.

Surface and Equipment Sanitizers

Hot Water: = at 163.4 Degrees Fahrenheit
Location: Dish Machine
Violation Issued: No

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

Food and Equipment Temperatures

Process/Item: Cold Hold/Hardboil Egg
Temperature: 39 Degrees Fahrenheit - Location: Walk in cooler
Violation Issued: No

Process/Item: Cold Hold/Slice Turkey
Temperature: 39 Degrees Fahrenheit - Location: Walk in cooler
Violation Issued: No

Process/Item: Cold Hold/Sandwich Meat
Temperature: 41 Degrees Fahrenheit - Location: Serving Line
Violation Issued: No

Process/Item: Hot Holding/Meat Sauce
Temperature: 165 Degrees Fahrenheit - Location: Serving Line
Violation Issued: No

Process/Item: Ambient Temp
Temperature: 41 Degrees Fahrenheit - Location: Traulsen Fridge
Violation Issued: No

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Process/Item: Cold Hold/Milk
Temperature: 41 Degrees Fahrenheit - Location: Milk cooler
Violation Issued: No

Process/Item: Ambient Temp
Temperature: 5 Degrees Fahrenheit - Location: Walk in freezer
Violation Issued: No

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

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 1036221068 of 10/25/22.

Certified Food Protection Manager: Tammie S. Sieben

Certification Number: FM16084 Expires: 10/21/23

Inspection report reviewed with person in charge and emailed.

Signed: _____

Tammie Sieben
Kitchen Manager

Signed: _____

Jeff Johanson

Food Establishment Inspection Report



No. of RF/PHI Categories Out	0	Date	10/25/22
No. of Repeat RF/PHI Categories Out	0	Time In	12:08:56
Legal Authority MN Rules Chapter 4626		Time Out	

J. F. Kennedy Elementary	Address Brittney Hirschauer, Fd. Ser.	City/State Hastings, MN	Zip Code 55033	Telephone 6514807126
License/Permit # 0015007	Permit Holder Ind. School District No. 200	Purpose of Inspection Full	Est Type	Risk Category M

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
Supervision							
1	<input checked="" type="radio"/> IN <input type="radio"/> OUT			18	<input checked="" 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 checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O		
Employee Health							
3	<input checked="" type="radio"/> IN <input type="radio"/> OUT			20	<input checked="" 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 checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input 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		
Good Hygienic Practices							
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 checked="" type="radio"/> N/O			24	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
Preventing Contamination by Hands							
8	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O			Consumer Advisory			
9	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			25	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A		
10	<input checked="" type="radio"/> IN <input type="radio"/> OUT			Highly Susceptible Populations			
Approved Source							
11	<input checked="" type="radio"/> IN <input type="radio"/> OUT			26	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A		
12	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O			Food and Color Additives and Toxic Substances			
13	<input checked="" type="radio"/> IN <input type="radio"/> OUT			27	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A		
14	<input checked="" 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		
Protection from Contamination							
15	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Conformance with Approved Procedures			
16	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A			29	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A		
17	<input checked="" type="radio"/> IN <input type="radio"/> OUT			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	Compliance Status		COS	R
Safe Food and Water							
30	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A			Proper Use of Utensils			
31	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A			43	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
32	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A			44	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
Food Temperature Control							
33	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			45	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
34	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O			46	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
35	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Utensil Equipment and Vending			
36	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			47	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
Food Identification							
37	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			48	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
Prevention of Food Contamination							
38	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			49	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
39	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Physical Facilities			
40	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			50	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
41	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			51	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
42	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			52	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
Food Recalls: _____							

Person in Charge (Signature)

Date: 10/26/22

Inspector (Signature)