

Type: Full
Date: 02/08/17
Time: 09:09:37
Report: 7935171017

Food and Beverage Establishment Inspection Report

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Location:

Blue Moose Bar and Grill
507 2nd Street N.W.
East Grand Forks, MN56721
Polk County, 60

Establishment Info:

ID #: 0012919
Risk: High
Announced Inspection: No

License Categories:

FBLB, HOSP, FBTW, FBME

Expires on: 12/31/17

Operator:

East River's Edge Corporation

Phone #: 2187736516
ID #: 07175

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.

2-300 Personal Cleanliness

2-301.14

**** Critical Item ****

MN Rule 4626.0075 Food employees must thoroughly wash their hands and exposed portions of their arms:

1. before beginning or returning to work;
2. after touching body parts other than clean hands and clean, exposed portions of arms, after defecating, after contacting body fluids and discharges, after handling waste containing fecal matter, body fluids, or body discharges;
3. after using the toilet, at a handwash sink, in the toilet room;
4. after caring for, or handling support animals;
5. after coughing, sneezing, or using a handkerchief or disposable tissue;
6. after using tobacco, eating, or drinking;
7. after handling soiled equipment or utensils;
8. immediately before engaging in food preparation in the food preparation area;
9. during food preparation, as often as necessary to remove soil and contamination and to prevent cross-contamination when changing tasks;
10. when switching between working with raw foods and working with ready-to-eat foods; or
11. after engaging in other activities that contaminate the hands.

DISH WASHER MUST WASH HANDS AFTER HANDLING DIRTY DISHES AND BEFORE TOUCHING CLEAN DISHES.

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3-500D Microbial Control: disposition of food

3-501.18A ** Critical Item **

MN Rule 4626.0405 Discard all refrigerated, ready-to-eat, potentially hazardous food prepared in the establishment which has not been consumed within seven calendar days from the date of preparation.

DISCARD PASTA DATED 1/30.

Comply By: 02/09/17

5-200A Plumbing: approved materials/design

5-202.11A1 ** Critical Item **

MN Rule 4626.1045 Provide and maintain the floor drain covers in good repair.

MISSING COVER AT DISH MACHINE FLOOR DRAIN.

Comply By: 02/09/17

3-300C Protection from Contamination: equipment/utensils, consumers

3-304.13B

MN Rule 4626.0285 Store wiping cloths clean and dry or in an approved sanitizing solution.

SANITIZING BUCKET FOR WAITRESSES BY THE BAR WAS 100 PPM QUAT SOLUTION.

WAITRESS CORRECTED ON SITE.

Corrected on Site

3-300C Protection from Contamination: equipment/utensils, consumers

3-305.11

MN Rule 4626.0300 Store all food in a clean, dry location; where it is not exposed to splash, dust or other contamination; and at least 6 inches above the floor.

CONTAINERS OF FOOD ON FLOOR IN WALK IN COOLERS/FREEZERS.

Comply By: 02/09/17

6-200 Physical Facility Design and Construction

6-201.18

MN Rule 4626.1370 Discontinue storing food or single-use items which are in opened packages in rooms with exposed studs, joists or rafters.

KEEP FOOD IN CASED LOTS WHEN STORED IN BASEMENT.

Comply By: 02/09/17

6-300 Physical Facility Numbers and Capacities

6-304.11A

MN Rule 4626.1475 Provide sufficient tempered makeup air and exhaust ventilation to keep rooms free of excessive heat, steam condensation, vapors, obnoxious or disagreeable odors, smoke, and fumes.

DISH MACHINE HOOD DIDN'T SEEM TO BE OPERATING PROPERLY. CONDENSATION FROM DISH MACHINE WAS ACCUMULATING ON WALL BY MACHINE.

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6-500 Physical Facility Maintenance/Operation and Pest Control

6-501.14A

MN Rule 4626.1530 Maintain clean all intake and exhaust air ducts and change filters so they are not a source of contamination.

CLEAN DISH MACHINE HOOD - DUST OBSERVED HANGING FROM IT. ALSO, CLEAN VENTS THROUGHOUT KITCHEN.

Comply By: 02/09/17

6-500 Physical Facility Maintenance/Operation and Pest Control

6-501.16

MN Rule 4626.1540 Hang mops to dry after each use and do not store mops in a manner that will soil walls, equipment or supplies.

Comply By: 02/09/17

Surface and Equipment Sanitizers

Quaternary Ammonia: = 200 ppm at Degrees Fahrenheit

Location: Sanitizing Buckets (4)

Violation Issued: No

Quaternary Ammonia: = 100 ppm at Degrees Fahrenheit

Location: Sanitizing Bucket

Violation Issued: Yes

Chlorine: = 50 ppm at Degrees Fahrenheit

Location: Bar Glass Washer

Violation Issued: No

Hot Water: = at 160 Degrees Fahrenheit

Location: Dish Machine

Violation Issued: No

Food and Equipment Temperatures

Process/Item: Cold Holding

Temperature: 39 Degrees Fahrenheit - Location: Salad Prep Cooler

Violation Issued: No

Process/Item: Cold Holding

Temperature: 37 Degrees Fahrenheit - Location: Salad Upright

Violation Issued: No

Process/Item: Cold Holding

Temperature: 40 Degrees Fahrenheit - Location: Prep Line - Sauce

Violation Issued: No

Process/Item: Cold Holding

Temperature: 31 Degrees Fahrenheit - Location: Walk In

Violation Issued: No

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Process/Item: Re-Heating
Temperature: 200 Degrees Fahrenheit - Location: Shrimp Pasta
Violation Issued: No

Process/Item: Re-Heating
Temperature: 201 Degrees Fahrenheit - Location: Chicken
Violation Issued: No

Process/Item: Hot Holding
Temperature: 170 Degrees Fahrenheit - Location: Philli Cheese Sause
Violation Issued: No

Total Critical Orders This Report: 3

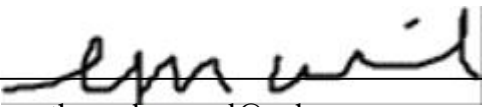
Total Non-Critical Orders This Report: 6

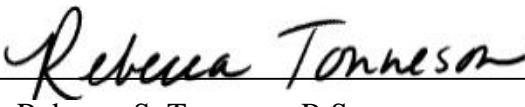
NOTE: All new food equipment must meet the applicable standards of NSF International. Plans and specifications must be submitted for review and approval prior to new construction, remodeling or alterations.

I acknowledge receipt of the Minnesota Department of Health inspection report
number 7935171017 of 02/08/17.

Certified Food Manager: Nate Sheppard

Certification Number: 67031 Expires: 03/29/19

Signed: 
nathan_sheppard@yahoo.com

Signed: 
Rebecca S. Tonneson R.S.
Environmental Health Specialist
Fergus Falls
218-332-5142
Rebecca.Tonneson@state.mn.us

Report #: 7935171017

Food Establishment Inspection Report

Minnesota
Department
of HealthMinnesota Department of Health
Division of Environmental Health, FPLS
P.O. Box 64975
St. Paul, MN 55164-0975

No. of RF/PHI Categories Out

2

Date 02/08/17

No. of Repeat RF/PHI Categories Out

0

Time In 09:09:37

Legal Authority MN Rules Chapter 4626

Time Out

Blue Moose Bar and Grill

Address

507 2nd Street N.W.

City/State

East Grand Forks, MN

Zip Code

56721

Telephone

2187736516

License/Permit #

0012919

Permit Holder

East River's Edge Corporation

Purpose of Inspection

Full

Est Type

Risk Category

H

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/A) for each numbered item

Mark "X" in appropriate box for COS and/or R

IN= in compliance

OUT= not in compliance

N/A= not observed

N/A= not applicable

COS= corrected on-site during inspection

R= repeat violation

Compliance Status

COS

R

Demonstration of Knowledge

1A	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A	Certified food manager, duties		
1B	<input checked="" type="radio"/> IN	<input type="radio"/> OUT		PIC knowledgeable; duties & oversight		

Employee Health

2	<input checked="" type="radio"/> IN	<input type="radio"/> OUT		Management awareness; policy present		
3	<input checked="" type="radio"/> IN	<input type="radio"/> OUT		Proper use of reporting, restriction & exclusion		

Good Hygienic Practices

4	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A	Proper eating, tasting, drinking, or tobacco use		
5	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A	No discharge from eyes, nose, and mouth		

Preventing Contamination by Hands

6	<input type="radio"/> IN	<input checked="" type="radio"/> OUT	N/A	Hands clean & properly washed		
7	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A	Hand contact with RTE foods restricted		
8	<input checked="" type="radio"/> IN	<input type="radio"/> OUT		Adequate handwashing facilities supplied & accessible		

Approved Source

9	<input checked="" type="radio"/> IN	<input type="radio"/> OUT		Food obtained from approved source		
10	<input type="radio"/> IN	<input type="radio"/> OUT	N/A	N/A	Food received at proper temperature	
11	<input checked="" type="radio"/> IN	<input type="radio"/> OUT		Food in good condition, safe, & unadulterated		
12	<input type="radio"/> IN	<input type="radio"/> OUT	N/A	N/A	Required records available; shellstock tags, parasite destruction	

Protection from Contamination

13	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A	Food separated/protected from cross contamination		
14	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A	Food contact surfaces: cleaned & sanitized		
15	<input checked="" type="radio"/> IN	<input type="radio"/> OUT		Proper disposition of returned, previously served, reconditioned, & unsafe food		

Compliance Status

COS

R

Potentially Hazardous Food Time/Temperature

16	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A	N/A	Proper cooking time & temperature		
17	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A	N/A	Proper reheating procedures for hot holding		
18	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A	N/A	Proper cooling time & temperature		
19	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A	N/A	Proper hot holding temperatures		
20	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A		Proper cold holding temperatures		
21	<input type="radio"/> IN	<input checked="" type="radio"/> OUT	N/A	N/A	Proper date marking & disposition		
22	<input type="radio"/> IN	<input type="radio"/> OUT	N/A	N/A	Time as a public health control: procedures & record		

Consumer Advisory

23	<input type="radio"/> IN	<input type="radio"/> OUT	N/A	N/A	Consumer advisory for raw or undercooked foods		
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Highly Susceptible Populations

24	<input type="radio"/> IN	<input type="radio"/> OUT	N/A	N/A	Pasteurized foods used; prohibited foods not offered		
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Chemical

25	<input type="radio"/> IN	<input type="radio"/> OUT	N/A	N/A	Food additives: approved & properly used		
26	<input checked="" type="radio"/> IN	<input type="radio"/> OUT			Toxic substances properly identified, stored, & used		

Conformance with Approved Procedures

27	<input type="radio"/> IN	<input type="radio"/> OUT	N/A	N/A	Compliance with HACCP plan and variance		
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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

28				Pasteurized eggs used where required		
29				Water & ice from approved source		
30	<input type="radio"/> IN	<input type="radio"/> OUT	N/A	Variance obtained for specialized processing methods, documentation on file		

Food Temperature Control

31				Proper cooling methods used; adequate equipment for temperature control		
32	<input type="radio"/> IN	<input type="radio"/> OUT	N/A	Plant food properly cooked for hot holding		
33				Approved thawing methods used		
34				Thermometers provided and accurate		

Food Protection

35				Food properly labeled; original container		
36				Insects, rodents, & animals not present; no unauthorized persons		
37	<input checked="" type="radio"/> IN	<input type="radio"/> OUT		Contamination prevented during food prep, storage & display		
38				Personal cleanliness		
39	<input checked="" type="radio"/> IN	<input type="radio"/> OUT		Wiping cloths: properly used & stored	X	
40				Washing fruits & vegetables		

Food Recalls: _____

Proper Use of Utensils

41				In-use utensils: properly stored		
42				Utensils, equipment & linens: properly stored, dried, & handled		
43				Single-use & single service articles: properly stored & used		
44				Gloves used properly		

Utensil Equipment and Vending

45				Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
46				Warewashing facilities: installed, maintained, & used; test strips		
47				Non-food contact surfaces clean		

Physical Facilities

48				Hot & cold water available; adequate pressure		
49	<input checked="" type="radio"/> IN	<input type="radio"/> OUT		Plumbing installed; proper backflow devices		
50				Sewage & waste water properly disposed		
51				Toilet facilities: properly constructed, supplied, & cleaned		
52				Garbage & refuse properly disposed; facilities maintained		
53	<input checked="" type="radio"/> IN	<input type="radio"/> OUT		Physical facilities installed, maintained, & clean		
54	<input checked="" type="radio"/> IN	<input type="radio"/> OUT		Adequate ventilation & lighting; designated areas used		
55				Compliance with MCIAA & Choking Poster		
56				Compliance with licensing & plan review		

Person in Charge (Signature)

Date: 02/09/17

Inspector (Signature)

Follow-up Needed: YES ☒ NO (Circle one)

Follow-up Date: / /