Minnesota Department of Health Food, Pools, Lodging 3425 40th Ave NW Rochester 507-206-2721

Type: Full
Date: 04/24/25
Time: 13:48:55

Food and Beverage Establishment Inspection Report

Page 1

Location:

Report:

Zumbrota-Mazeppa Primary, Midd - Bright Beginnings

705 Mill Street Zumbrota, MN55992 Goodhue County, 25

8074251072

License Categories:

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

Expires on: 12/31/25

Establishment Info:

ID #: 0024096 Risk: High

Announced Inspection: No

Operator:

Zumbrota-Mazeppa ISD 2805

Phone #: 5077321400

ID#: 39141

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.

2-200 Employee Health

2-201.11C ** Priority 1 **

MN Rule 4626.0040C The person in charge must record all reports of diarrhea or vomiting made by food employees and report those illnesses to the regulatory authority at the specific request of the regulatory authority.

Sent with report.

Comply By: 04/24/25

4-300 Equipment Numbers and Capacities

4-302.14 ** Priority 2 **

MN Rule 4626.0715 Provide an appropriate test kit to accurately measure sanitizing solutions.

Bleach test kit needed. *Comply By: 04/24/25*

Food and Equipment Temperatures

Process/Item: Upright Cooler

Temperature: 40 Degrees Fahrenheit - Location: yogurt

Violation Issued: No.

Type: Full Date: *04/24/25*

Time: 13:48:55 Report: 8074251072

Food and Beverage Establishment Inspection Report

Page 2

Zumbrota-Mazeppa Primary, Midd - Bright Beginnings

Total Orders In This Report	•	Priority 2	•
jordanp@zmsch.k12.mn.us	1	1	V
Vomit poster sent with report.			
Establishment Info: brentl@zmsch.k12.mn.u	S		
NOTE: 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 8074251072 of 04/24/25.			
Certified Food Protection Manager:			_
Certification Number: F	Expires:	/ /	
Signed:Establishment Representative			a Kieffer

Rochester District Office