


Food Establishment Inspection Report

	Facility Type: <input type="checkbox"/> Adult Day Care <input type="checkbox"/> Afterschool Meal Prog <input type="checkbox"/> Assisted Living <input type="checkbox"/> Bar/Lounge <input type="checkbox"/> Civic <input type="checkbox"/> Crisis Stabilization Unit <input type="checkbox"/> Detention Fac. <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Fraternal Org. <input type="checkbox"/> Home for Special Services <input type="checkbox"/> Hospice <input type="checkbox"/> Intermediate Care DD <input type="checkbox"/> Migrant Housing <input type="checkbox"/> Movie Theater <input type="checkbox"/> PPEC <input type="checkbox"/> Recreational Camp <input type="checkbox"/> Residential Treatment Fac. <input checked="" type="checkbox"/> School <input type="checkbox"/> Short-term Res Treat <input type="checkbox"/> Transitional Living Fac																																																																																								
	PURPOSE: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Reinspection <input type="checkbox"/> Construction <input type="checkbox"/> Complaint <input type="checkbox"/> Consultation <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Epidemiology <input type="checkbox"/> Temporary Event <input type="checkbox"/> Other																																																																																								
Name of Establishment: <u>Hernando High School</u>																																																																																									
Address: <u>111 Ernie Chatman Run</u> City: <u>Brooksville</u>																																																																																									
ZIP Code: <u>34601</u>	Name of Person in Charge: <u>T. Belmonte</u>																																																																																								
Telephone: <u>(352) 797-7000</u>	Person in Charge Email: <u>belmonte_t@hcsb.k12.fl.us</u>																																																																																								
Date (MM/DD/YY): <u>1/13/21</u>	Begin Time AM/PM: <u>9:35 AM</u> End Time AM/PM: <u>10:30 AM</u> Permit Number: <u>27-48-00024</u> Position Number: <u>51434</u>																																																																																								
RESULTS: <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Incomplete <input type="checkbox"/> Closure <input type="checkbox"/> Out of Business																																																																																									
Correct by: <input checked="" type="checkbox"/> Next Routine Inspection <input type="checkbox"/> 8 A.M. on _____ (Date) Stop Sale Issued _____ Number of Risk Factors/Intervention Violations Marked "OUT" (items 1-29) _____ Number of Repeat Violations (1-57 R) _____																																																																																									
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS																																																																																									
Indicate the compliance status: Mark an "X" under the compliance status, IN=the act or item was observed to be in compliance; OUT=the act or item was observed to be out of compliance; NO=the act or item was not observed to be occurring at the time of inspection; NA=the act or item is not performed by the facility. Mark an "X" in the appropriate box for: COS=violation corrected on site; R=repeat violation from previous inspection																																																																																									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:10%;">Compliance Status</th> <th style="width:80%;">IN OUT N/A N/O</th> <th style="width:5%;">COS</th> <th style="width:5%;">R</th> </tr> <tr> <td colspan="4" style="text-align: center;">Supervision</td> </tr> <tr> <td>1</td> <td><input checked="" type="checkbox"/> <input type="checkbox"/> Demonstration of Knowledge/Training</td> <td></td> <td></td> </tr> <tr> <td>2</td> <td><input checked="" type="checkbox"/> <input type="checkbox"/> Certified Manager/Person in Charge present</td> <td></td> <td></td> </tr> <tr> <td colspan="4" style="text-align: center;">Employee Health</td> </tr> <tr> <td>3</td> <td><input checked="" type="checkbox"/> <input type="checkbox"/> Knowledge, responsibilities and reporting</td> <td></td> <td></td> </tr> <tr> <td>4</td> <td><input checked="" type="checkbox"/> <input type="checkbox"/> Proper use of restriction and exclusion</td> <td></td> <td></td> </tr> <tr> <td>5</td> <td><input checked="" type="checkbox"/> <input type="checkbox"/> Responding to vomiting & diarrheal events</td> <td></td> <td></td> </tr> <tr> <td colspan="4" style="text-align: center;">Good Hygienic Practices</td> </tr> <tr> <td>6</td> <td><input type="checkbox"/> <input type="checkbox"/> Proper eating, tasting, drinking, or tobacco use</td> <td></td> <td></td> </tr> <tr> <td>7</td> <td><input checked="" type="checkbox"/> <input type="checkbox"/> No discharge from eyes, nose, and mouth</td> <td></td> <td></td> </tr> <tr> <td colspan="4" style="text-align: center;">Preventing Contamination by Hands</td> </tr> <tr> <td>8</td> <td><input checked="" type="checkbox"/> <input type="checkbox"/> Hands clean & properly washed</td> <td></td> <td></td> </tr> <tr> <td>9</td> <td><input checked="" type="checkbox"/> <input type="checkbox"/> No bare hand contact with RTE food</td> <td></td> <td></td> </tr> <tr> <td>10</td> <td><input checked="" type="checkbox"/> <input type="checkbox"/> Handwashing sinks, accessible & supplies</td> <td></td> <td></td> </tr> <tr> <td colspan="4" style="text-align: center;">Approved Source</td> </tr> <tr> <td>11</td> <td><input checked="" type="checkbox"/> <input type="checkbox"/> Food obtained from approved source</td> <td></td> <td></td> </tr> <tr> <td>12</td> <td><input type="checkbox"/> <input type="checkbox"/> Food received at proper temperature</td> <td></td> <td></td> </tr> <tr> <td>13</td> <td><input checked="" type="checkbox"/> <input type="checkbox"/> Food in good condition, safe, & unadulterated</td> <td></td> <td></td> </tr> <tr> <td>14</td> <td><input checked="" type="checkbox"/> <input type="checkbox"/> Shellstock tags & parasite destruction</td> <td></td> <td></td> </tr> </table>		Compliance Status	IN OUT N/A N/O	COS	R	Supervision				1	<input checked="" type="checkbox"/> <input type="checkbox"/> Demonstration of Knowledge/Training			2	<input checked="" type="checkbox"/> <input type="checkbox"/> Certified Manager/Person in Charge present			Employee Health				3	<input checked="" type="checkbox"/> <input type="checkbox"/> Knowledge, responsibilities and reporting			4	<input checked="" type="checkbox"/> <input type="checkbox"/> Proper use of restriction and exclusion			5	<input checked="" type="checkbox"/> <input type="checkbox"/> Responding to vomiting & diarrheal events			Good Hygienic Practices				6	<input type="checkbox"/> <input type="checkbox"/> Proper eating, tasting, drinking, or tobacco use			7	<input checked="" type="checkbox"/> <input type="checkbox"/> No discharge from eyes, nose, and mouth			Preventing Contamination by Hands				8	<input checked="" type="checkbox"/> <input type="checkbox"/> Hands clean & properly washed			9	<input checked="" type="checkbox"/> <input type="checkbox"/> No bare hand contact with RTE food			10	<input checked="" type="checkbox"/> <input type="checkbox"/> Handwashing sinks, accessible & supplies			Approved Source				11	<input checked="" type="checkbox"/> <input type="checkbox"/> Food obtained from approved source			12	<input type="checkbox"/> <input type="checkbox"/> Food received at proper temperature			13	<input checked="" type="checkbox"/> <input type="checkbox"/> Food in good condition, safe, & unadulterated			14	<input checked="" type="checkbox"/> <input type="checkbox"/> Shellstock tags & parasite destruction										
Compliance Status	IN OUT N/A N/O	COS	R																																																																																						
Supervision																																																																																									
1	<input checked="" type="checkbox"/> <input type="checkbox"/> Demonstration of Knowledge/Training																																																																																								
2	<input checked="" type="checkbox"/> <input type="checkbox"/> Certified Manager/Person in Charge present																																																																																								
Employee Health																																																																																									
3	<input checked="" type="checkbox"/> <input type="checkbox"/> Knowledge, responsibilities and reporting																																																																																								
4	<input checked="" type="checkbox"/> <input type="checkbox"/> Proper use of restriction and exclusion																																																																																								
5	<input checked="" type="checkbox"/> <input type="checkbox"/> Responding to vomiting & diarrheal events																																																																																								
Good Hygienic Practices																																																																																									
6	<input type="checkbox"/> <input type="checkbox"/> Proper eating, tasting, drinking, or tobacco use																																																																																								
7	<input checked="" type="checkbox"/> <input type="checkbox"/> No discharge from eyes, nose, and mouth																																																																																								
Preventing Contamination by Hands																																																																																									
8	<input checked="" type="checkbox"/> <input type="checkbox"/> Hands clean & properly washed																																																																																								
9	<input checked="" type="checkbox"/> <input type="checkbox"/> No bare hand contact with RTE food																																																																																								
10	<input checked="" type="checkbox"/> <input type="checkbox"/> Handwashing sinks, accessible & supplies																																																																																								
Approved Source																																																																																									
11	<input checked="" type="checkbox"/> <input type="checkbox"/> Food obtained from approved source																																																																																								
12	<input type="checkbox"/> <input type="checkbox"/> Food received at proper temperature																																																																																								
13	<input checked="" type="checkbox"/> <input type="checkbox"/> Food in good condition, safe, & unadulterated																																																																																								
14	<input checked="" type="checkbox"/> <input type="checkbox"/> Shellstock tags & parasite destruction																																																																																								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:10%;">Compliance Status</th> <th style="width:80%;">IN OUT N/A N/O</th> <th style="width:5%;">COS</th> <th style="width:5%;">R</th> </tr> <tr> <td colspan="4" style="text-align: center;">Protection from Contamination</td> </tr> <tr> <td>15</td> <td><input checked="" type="checkbox"/> <input type="checkbox"/> Food separated & protected; single-use gloves</td> <td></td> <td></td> </tr> <tr> <td>16</td> <td><input checked="" type="checkbox"/> <input type="checkbox"/> Food-contact surfaces; cleaned & sanitized</td> <td></td> <td></td> </tr> <tr> <td>17</td> <td><input checked="" type="checkbox"/> <input type="checkbox"/> Proper disposal of unsafe food</td> <td></td> <td></td> </tr> <tr> <td colspan="4" style="text-align: center;">Time/Temperature Control for Safety</td> </tr> <tr> <td>18</td> <td><input checked="" type="checkbox"/> <input type="checkbox"/> Cooking time & temperatures</td> <td></td> <td></td> </tr> <tr> <td>19</td> <td><input type="checkbox"/> <input type="checkbox"/> Reheating procedures for hot holding</td> <td></td> <td></td> </tr> <tr> <td>20</td> <td><input type="checkbox"/> <input type="checkbox"/> Cooling time and temperature</td> <td></td> <td></td> </tr> <tr> <td>21</td> <td><input checked="" type="checkbox"/> <input type="checkbox"/> Hot holding temperatures</td> <td></td> <td></td> </tr> <tr> <td>22</td> <td><input checked="" type="checkbox"/> <input type="checkbox"/> Cold holding temperatures</td> <td></td> <td></td> </tr> <tr> <td>23</td> <td><input checked="" type="checkbox"/> <input type="checkbox"/> Date marking and disposition</td> <td></td> <td></td> </tr> <tr> <td>24</td> <td><input checked="" type="checkbox"/> <input type="checkbox"/> Time as PHC; procedures & records</td> <td></td> <td></td> </tr> <tr> <td colspan="4" style="text-align: center;">Consumer Advisory</td> </tr> <tr> <td>25</td> <td><input type="checkbox"/> <input checked="" type="checkbox"/> Advisory for raw/undercooked food</td> <td></td> <td></td> </tr> <tr> <td colspan="4" style="text-align: center;">Highly Susceptible Populations</td> </tr> <tr> <td>26</td> <td><input type="checkbox"/> <input checked="" type="checkbox"/> Pasteurized foods used; No prohibited foods</td> <td></td> <td></td> </tr> <tr> <td colspan="4" style="text-align: center;">Additives and Toxic Substances</td> </tr> <tr> <td>27</td> <td><input checked="" type="checkbox"/> <input type="checkbox"/> Food additives: approved & properly used</td> <td></td> <td></td> </tr> <tr> <td>28</td> <td><input checked="" type="checkbox"/> <input type="checkbox"/> Toxic substances identified, stored, & used</td> <td></td> <td></td> </tr> <tr> <td colspan="4" style="text-align: center;">Approved Procedures</td> </tr> <tr> <td>29</td> <td><input type="checkbox"/> <input checked="" type="checkbox"/> Variance/specialized process/HACCP</td> <td></td> <td></td> </tr> </table>		Compliance Status	IN OUT N/A N/O	COS	R	Protection from Contamination				15	<input checked="" type="checkbox"/> <input type="checkbox"/> Food separated & protected; single-use gloves			16	<input checked="" type="checkbox"/> <input type="checkbox"/> Food-contact surfaces; cleaned & sanitized			17	<input checked="" type="checkbox"/> <input type="checkbox"/> Proper disposal of unsafe food			Time/Temperature Control for Safety				18	<input checked="" type="checkbox"/> <input type="checkbox"/> Cooking time & temperatures			19	<input type="checkbox"/> <input type="checkbox"/> Reheating procedures for hot holding			20	<input type="checkbox"/> <input type="checkbox"/> Cooling time and temperature			21	<input checked="" type="checkbox"/> <input type="checkbox"/> Hot holding temperatures			22	<input checked="" type="checkbox"/> <input type="checkbox"/> Cold holding temperatures			23	<input checked="" type="checkbox"/> <input type="checkbox"/> Date marking and disposition			24	<input checked="" type="checkbox"/> <input type="checkbox"/> Time as PHC; procedures & records			Consumer Advisory				25	<input type="checkbox"/> <input checked="" type="checkbox"/> Advisory for raw/undercooked food			Highly Susceptible Populations				26	<input type="checkbox"/> <input checked="" type="checkbox"/> Pasteurized foods used; No prohibited foods			Additives and Toxic Substances				27	<input checked="" type="checkbox"/> <input type="checkbox"/> Food additives: approved & properly used			28	<input checked="" type="checkbox"/> <input type="checkbox"/> Toxic substances identified, stored, & used			Approved Procedures				29	<input type="checkbox"/> <input checked="" type="checkbox"/> Variance/specialized process/HACCP		
Compliance Status	IN OUT N/A N/O	COS	R																																																																																						
Protection from Contamination																																																																																									
15	<input checked="" type="checkbox"/> <input type="checkbox"/> Food separated & protected; single-use gloves																																																																																								
16	<input checked="" type="checkbox"/> <input type="checkbox"/> Food-contact surfaces; cleaned & sanitized																																																																																								
17	<input checked="" type="checkbox"/> <input type="checkbox"/> Proper disposal of unsafe food																																																																																								
Time/Temperature Control for Safety																																																																																									
18	<input checked="" type="checkbox"/> <input type="checkbox"/> Cooking time & temperatures																																																																																								
19	<input type="checkbox"/> <input type="checkbox"/> Reheating procedures for hot holding																																																																																								
20	<input type="checkbox"/> <input type="checkbox"/> Cooling time and temperature																																																																																								
21	<input checked="" type="checkbox"/> <input type="checkbox"/> Hot holding temperatures																																																																																								
22	<input checked="" type="checkbox"/> <input type="checkbox"/> Cold holding temperatures																																																																																								
23	<input checked="" type="checkbox"/> <input type="checkbox"/> Date marking and disposition																																																																																								
24	<input checked="" type="checkbox"/> <input type="checkbox"/> Time as PHC; procedures & records																																																																																								
Consumer Advisory																																																																																									
25	<input type="checkbox"/> <input checked="" type="checkbox"/> Advisory for raw/undercooked food																																																																																								
Highly Susceptible Populations																																																																																									
26	<input type="checkbox"/> <input checked="" type="checkbox"/> Pasteurized foods used; No prohibited foods																																																																																								
Additives and Toxic Substances																																																																																									
27	<input checked="" type="checkbox"/> <input type="checkbox"/> Food additives: approved & properly used																																																																																								
28	<input checked="" type="checkbox"/> <input type="checkbox"/> Toxic substances identified, stored, & used																																																																																								
Approved Procedures																																																																																									
29	<input type="checkbox"/> <input checked="" type="checkbox"/> Variance/specialized process/HACCP																																																																																								
This form serves as a "Notice of Non-Compliance" pursuant to section 120.695, Florida Statutes. Items marked as "out" violate one or more of the requirements of Chapter 64E-11, the Florida Administrative Code or Chapter 381.0072, Florida Statutes. Violations must be corrected within the time period indicated above. Continued operation of this facility without making these corrections is a violation. Failure to correct violations in the time frame specified may result in enforcement action being initiated by the Department of Health.																																																																																									
GOOD RETAIL PRACTICES																																																																																									
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.																																																																																									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:10%;">Compliance Status</th> <th style="width:80%;">IN OUT N/A N/O</th> <th style="width:5%;">COS</th> <th style="width:5%;">R</th> </tr> <tr> <td colspan="4" style="text-align: center;">Safe Food and Water</td> </tr> <tr> <td>30</td> <td><input type="checkbox"/> <input checked="" type="checkbox"/> Pasteurized eggs used where required</td> <td></td> <td></td> </tr> <tr> <td>31</td> <td><input checked="" type="checkbox"/> <input type="checkbox"/> Water & ice from approved source</td> <td></td> <td></td> </tr> <tr> <td>32</td> <td><input type="checkbox"/> <input checked="" type="checkbox"/> Variance obtained for special processing</td> <td></td> <td></td> </tr> <tr> <td colspan="4" style="text-align: center;">Food Temperature Control</td> </tr> <tr> <td>33</td> <td><input checked="" type="checkbox"/> <input type="checkbox"/> Proper cooling methods; adequate equipment</td> <td></td> <td></td> </tr> <tr> <td>34</td> <td><input checked="" type="checkbox"/> <input type="checkbox"/> Plant food properly cooked for hot holding</td> <td></td> <td></td> </tr> <tr> <td>35</td> <td><input checked="" type="checkbox"/> <input type="checkbox"/> Approved thawing methods</td> <td></td> <td></td> </tr> <tr> <td>36</td> <td><input checked="" type="checkbox"/> <input type="checkbox"/> Thermometers provided & accurate</td> <td></td> <td></td> </tr> <tr> <td colspan="4" style="text-align: center;">Food Identification</td> </tr> <tr> <td>37</td> <td><input checked="" type="checkbox"/> <input type="checkbox"/> Food properly labeled; original container</td> <td></td> <td></td> </tr> <tr> <td colspan="4" style="text-align: center;">Prevention of Food Contamination</td> </tr> <tr> <td>38</td> <td><input checked="" type="checkbox"/> <input type="checkbox"/> Insects, rodents, & animals not present</td> <td></td> <td></td> </tr> <tr> <td>39</td> <td><input checked="" type="checkbox"/> <input type="checkbox"/> No Contamination (preparation, storage, display)</td> <td></td> <td></td> </tr> <tr> <td>40</td> <td><input checked="" type="checkbox"/> <input type="checkbox"/> Personal cleanliness</td> <td></td> <td></td> </tr> <tr> <td>41</td> <td><input checked="" type="checkbox"/> <input type="checkbox"/> Wiping cloths: properly used & stored</td> <td></td> <td></td> </tr> <tr> <td>42</td> <td><input type="checkbox"/> <input checked="" type="checkbox"/> Washing fruits & vegetables</td> <td></td> <td></td> </tr> </table>		Compliance Status	IN OUT N/A N/O	COS	R	Safe Food and Water				30	<input type="checkbox"/> <input checked="" type="checkbox"/> Pasteurized eggs used where required			31	<input checked="" type="checkbox"/> <input type="checkbox"/> Water & ice from approved source			32	<input type="checkbox"/> <input checked="" type="checkbox"/> Variance obtained for special processing			Food Temperature Control				33	<input checked="" type="checkbox"/> <input type="checkbox"/> Proper cooling methods; adequate equipment			34	<input checked="" type="checkbox"/> <input type="checkbox"/> Plant food properly cooked for hot holding			35	<input checked="" type="checkbox"/> <input type="checkbox"/> Approved thawing methods			36	<input checked="" type="checkbox"/> <input type="checkbox"/> Thermometers provided & accurate			Food Identification				37	<input checked="" type="checkbox"/> <input type="checkbox"/> Food properly labeled; original container			Prevention of Food Contamination				38	<input checked="" type="checkbox"/> <input type="checkbox"/> Insects, rodents, & animals not present			39	<input checked="" type="checkbox"/> <input type="checkbox"/> No Contamination (preparation, storage, display)			40	<input checked="" type="checkbox"/> <input type="checkbox"/> Personal cleanliness			41	<input checked="" type="checkbox"/> <input type="checkbox"/> Wiping cloths: properly used & stored			42	<input type="checkbox"/> <input checked="" type="checkbox"/> Washing fruits & vegetables																		
Compliance Status	IN OUT N/A N/O	COS	R																																																																																						
Safe Food and Water																																																																																									
30	<input type="checkbox"/> <input checked="" type="checkbox"/> Pasteurized eggs used where required																																																																																								
31	<input checked="" type="checkbox"/> <input type="checkbox"/> Water & ice from approved source																																																																																								
32	<input type="checkbox"/> <input checked="" type="checkbox"/> Variance obtained for special processing																																																																																								
Food Temperature Control																																																																																									
33	<input checked="" type="checkbox"/> <input type="checkbox"/> Proper cooling methods; adequate equipment																																																																																								
34	<input checked="" type="checkbox"/> <input type="checkbox"/> Plant food properly cooked for hot holding																																																																																								
35	<input checked="" type="checkbox"/> <input type="checkbox"/> Approved thawing methods																																																																																								
36	<input checked="" type="checkbox"/> <input type="checkbox"/> Thermometers provided & accurate																																																																																								
Food Identification																																																																																									
37	<input checked="" type="checkbox"/> <input type="checkbox"/> Food properly labeled; original container																																																																																								
Prevention of Food Contamination																																																																																									
38	<input checked="" type="checkbox"/> <input type="checkbox"/> Insects, rodents, & animals not present																																																																																								
39	<input checked="" type="checkbox"/> <input type="checkbox"/> No Contamination (preparation, storage, display)																																																																																								
40	<input checked="" type="checkbox"/> <input type="checkbox"/> Personal cleanliness																																																																																								
41	<input checked="" type="checkbox"/> <input type="checkbox"/> Wiping cloths: properly used & stored																																																																																								
42	<input type="checkbox"/> <input checked="" type="checkbox"/> Washing fruits & vegetables																																																																																								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:10%;">Compliance Status</th> <th style="width:80%;">IN OUT N/A N/O</th> <th style="width:5%;">COS</th> <th style="width:5%;">R</th> </tr> <tr> <td colspan="4" style="text-align: center;">Proper Use of Utensils</td> </tr> <tr> <td>43</td> <td><input checked="" type="checkbox"/> <input type="checkbox"/> Utensils: properly stored</td> <td></td> <td></td> </tr> <tr> <td>44</td> <td><input checked="" type="checkbox"/> <input type="checkbox"/> Equipment & linens: stored, dried, & handled</td> <td></td> <td></td> </tr> <tr> <td>45</td> <td><input type="checkbox"/> <input checked="" type="checkbox"/> Single-use/single-service articles: stored & used</td> <td></td> <td></td> </tr> <tr> <td>46</td> <td><input type="checkbox"/> <input checked="" type="checkbox"/> Slash-resistant/cloth gloves used properly</td> <td></td> <td></td> </tr> <tr> <td colspan="4" style="text-align: center;">Utensils, Equipment and Vending</td> </tr> <tr> <td>47</td> <td><input checked="" type="checkbox"/> <input type="checkbox"/> Food & non-food contact surfaces</td> <td></td> <td></td> </tr> <tr> <td>48</td> <td><input checked="" type="checkbox"/> <input type="checkbox"/> Warewashing: installed, maintained, used; test strips</td> <td></td> <td></td> </tr> <tr> <td>49</td> <td><input checked="" type="checkbox"/> <input type="checkbox"/> Non-food contact surfaces clean</td> <td></td> <td></td> </tr> <tr> <td colspan="4" style="text-align: center;">Physical Facilities</td> </tr> <tr> <td>50</td> <td><input checked="" type="checkbox"/> <input type="checkbox"/> Hot & cold water available; under pressure</td> <td></td> <td></td> </tr> <tr> <td>51</td> <td><input type="checkbox"/> <input checked="" type="checkbox"/> Plumbing installed; proper backflow devices</td> <td></td> <td></td> </tr> <tr> <td>52</td> <td><input checked="" type="checkbox"/> <input type="checkbox"/> Sewage & waste water properly disposed</td> <td></td> <td></td> </tr> <tr> <td>53</td> <td><input checked="" type="checkbox"/> <input type="checkbox"/> Toilet facilities: supplied & cleaned</td> <td></td> <td></td> </tr> <tr> <td>54</td> <td><input type="checkbox"/> <input checked="" type="checkbox"/> Garbage & refuse disposal</td> <td></td> <td></td> </tr> <tr> <td>55</td> <td><input type="checkbox"/> <input checked="" type="checkbox"/> Facilities installed, maintained, & clean</td> <td></td> <td></td> </tr> <tr> <td>56</td> <td><input checked="" type="checkbox"/> <input type="checkbox"/> Ventilation & lighting</td> <td></td> <td></td> </tr> <tr> <td>57</td> <td><input checked="" type="checkbox"/> <input type="checkbox"/> Permit; Fees; Application; Plans</td> <td></td> <td></td> </tr> </table>		Compliance Status	IN OUT N/A N/O	COS	R	Proper Use of Utensils				43	<input checked="" type="checkbox"/> <input type="checkbox"/> Utensils: properly stored			44	<input checked="" type="checkbox"/> <input type="checkbox"/> Equipment & linens: stored, dried, & handled			45	<input type="checkbox"/> <input checked="" type="checkbox"/> Single-use/single-service articles: stored & used			46	<input type="checkbox"/> <input checked="" type="checkbox"/> Slash-resistant/cloth gloves used properly			Utensils, Equipment and Vending				47	<input checked="" type="checkbox"/> <input type="checkbox"/> Food & non-food contact surfaces			48	<input checked="" type="checkbox"/> <input type="checkbox"/> Warewashing: installed, maintained, used; test strips			49	<input checked="" type="checkbox"/> <input type="checkbox"/> Non-food contact surfaces clean			Physical Facilities				50	<input checked="" type="checkbox"/> <input type="checkbox"/> Hot & cold water available; under pressure			51	<input type="checkbox"/> <input checked="" type="checkbox"/> Plumbing installed; proper backflow devices			52	<input checked="" type="checkbox"/> <input type="checkbox"/> Sewage & waste water properly disposed			53	<input checked="" type="checkbox"/> <input type="checkbox"/> Toilet facilities: supplied & cleaned			54	<input type="checkbox"/> <input checked="" type="checkbox"/> Garbage & refuse disposal			55	<input type="checkbox"/> <input checked="" type="checkbox"/> Facilities installed, maintained, & clean			56	<input checked="" type="checkbox"/> <input type="checkbox"/> Ventilation & lighting			57	<input checked="" type="checkbox"/> <input type="checkbox"/> Permit; Fees; Application; Plans														
Compliance Status	IN OUT N/A N/O	COS	R																																																																																						
Proper Use of Utensils																																																																																									
43	<input checked="" type="checkbox"/> <input type="checkbox"/> Utensils: properly stored																																																																																								
44	<input checked="" type="checkbox"/> <input type="checkbox"/> Equipment & linens: stored, dried, & handled																																																																																								
45	<input type="checkbox"/> <input checked="" type="checkbox"/> Single-use/single-service articles: stored & used																																																																																								
46	<input type="checkbox"/> <input checked="" type="checkbox"/> Slash-resistant/cloth gloves used properly																																																																																								
Utensils, Equipment and Vending																																																																																									
47	<input checked="" type="checkbox"/> <input type="checkbox"/> Food & non-food contact surfaces																																																																																								
48	<input checked="" type="checkbox"/> <input type="checkbox"/> Warewashing: installed, maintained, used; test strips																																																																																								
49	<input checked="" type="checkbox"/> <input type="checkbox"/> Non-food contact surfaces clean																																																																																								
Physical Facilities																																																																																									
50	<input checked="" type="checkbox"/> <input type="checkbox"/> Hot & cold water available; under pressure																																																																																								
51	<input type="checkbox"/> <input checked="" type="checkbox"/> Plumbing installed; proper backflow devices																																																																																								
52	<input checked="" type="checkbox"/> <input type="checkbox"/> Sewage & waste water properly disposed																																																																																								
53	<input checked="" type="checkbox"/> <input type="checkbox"/> Toilet facilities: supplied & cleaned																																																																																								
54	<input type="checkbox"/> <input checked="" type="checkbox"/> Garbage & refuse disposal																																																																																								
55	<input type="checkbox"/> <input checked="" type="checkbox"/> Facilities installed, maintained, & clean																																																																																								
56	<input checked="" type="checkbox"/> <input type="checkbox"/> Ventilation & lighting																																																																																								
57	<input checked="" type="checkbox"/> <input type="checkbox"/> Permit; Fees; Application; Plans																																																																																								
By typing "I agree" or clicking "I agree" or signing with an electronic pen in the below box, I agree to create an electronic record and to adopt the electronic symbol created by me as a manifestation of my signature on the electronic record, which shall have the same force and effect as a written signature and record, in accordance with s. 669.50, Fla. Stat. (2017) and 15 U.S.C. s. 7001 (2000).																																																																																									
Person in Charge (Print & Signature) <u>Marissa W. Wiczorek</u> Date: <u>1/13/21</u>																																																																																									
Inspector (Print & Signature) <u>Justin R. Sorekto</u> Phone: <u>352 540 6342</u>																																																																																									

[illegible]

By typing "/s/" or clicking "I agree" or signing with an electronic pen in the below box, I agree to create an electronic record and to adopt the electronic symbol created by me as a manifestation of my signature on the electronic record, which shall have the same force and effect as a written signature and record, in accordance with s. 668.50, Fla. Stat. (2017) and 15 U.S.C. s. 7001 (2000).

Person in Charge (Signature)

Date 11/3/21

Inspector (Signature)

Date 1/13/21

Page 2 of 2