STATE OF FLORIDA DEPARTMENT OF HEALTH **COUNTY HEALTH DEPARTMENT FOOD SERVICE INSPECTION REPORT**



RESULT: Satisfactory **Facility Information**

Permit Number: 27-48-00022

Name of Facility: Eastside Elementary School

Address: 27151 Roper Road City, Zip: Brooksville 34602

Type: School (more than 9 months) Owner: Hernando County School Board

Person In Charge: Hicks, Cheryl Phone: (352) 797-7028

PIC Email: hicks_c@hcsb.k12.fl.us

Inspection Information

Purpose: Routine Number of Risk Factors (Items 1-29): 2 Begin Time: 10:48 AM Inspection Date: 4/25/2022 Number of Repeat Violations (1-57 R): 0 End Time: 11:23 AM

Correct By: Next Inspection FacilityGrade: N/A Re-Inspection Date: None StopSale: No

Marking Key: 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; COS=violation corrected on site; R=repeat violation from previous inspection

FoodBorne Illness Risk Factors And Public Health Interventions

SUPERVISION

- IN 1. Demonstration of Knowledge/Training
- N 2. Certified Manager/Person in charge present **EMPLOYEE HEALTH**
- IN 3. Knowledge, responsibilities and reporting
- N 4. Proper use of restriction and exclusion
- IN 5. Responding to vomiting & diarrheal events GOOD HYGIENIC PRACTICES
- IN 6. Proper eating, tasting, drinking, or tobacco use
- N 7. No discharge from eyes, nose, and mouth PREVENTING CONTAMINATION BY HANDS
- IN 8. Hands clean & properly washed
- No bare hand contact with RTE food
- IN 10. Handwashing sinks, accessible & supplies
- APPROVED SOURCE
- IN 11. Food obtained from approved source
- NO 12. Food received at proper temperature
- OUT 13. Food in good condition, safe, & unadulterated (COS)
- NA 14. Shellstock tags & parasite destruction PROTECTION FROM CONTAMINATION
- **IN** 15. Food separated & protected; Single-use gloves

- IN 16. Food-contact surfaces; cleaned & sanitized
- NO 17. Proper disposal of unsafe food

TIME/TEMPERATURE CONTROL FOR SAFETY

- 18. Cooking time & temperatures
- NO 19. Reheating procedures for hot holding
- N 20. Cooling time and temperature
- IN 21. Hot holding temperatures
- N 22. Cold holding temperatures
- **OUT** 23. Date marking and disposition
- NA 24. Time as PHČ; procedures & records
 - CONSUMER ADVISORY
- NA 25. Advisory for raw/undercooked food

HIGHLY SÚSCEPTIBLE POPULATIONS

- IN 26. Pasteurized foods used; No prohibited foods
- **ADDITIVES AND TOXIC SUBSTANCES**
- IN 27. Food additives: approved & properly used
- 28. Toxic substances identified, stored, & used
 - APPROVED PROCEDURES
- NA 29. Variance/specialized process/HACCP

Inspector Signature: Sylv

Client Signature:

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Form Number: DH 4023 03/18 27-48-00022 Eastside Elementary School

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Good Retail Practices

SAFE FOOD AND WATER

- IN 30. Pasteurized eggs used where required
- IN 31. Water & ice from approved source
- NA 32. Variance obtained for special processing

FOOD TEMPERATURE CONTROL

- **IN** 33. Proper cooling methods; adequate equipment
- IN 34. Plant food properly cooked for hot holding
- N 35. Approved thawing methods
- IN 36. Thermometers provided & accurate

FOOD IDENTIFICATION

37. Food properly labeled; original container

PREVENTION OF FOOD CONTAMINATION

- IN 38. Insects, rodents, & animals not present
- **IN** 39. No Contamination (preparation, storage, display)
- IN 40. Personal cleanliness
- IN 41. Wiping cloths: properly used & stored
- IN 42. Washing fruits & vegetables

PROPER USE OF UTENSILS

- IN 43. In-use utensils: properly stored
- IN 44. Equipment & linens: stored, dried, & handled
- IN 45. Single-use/single-service articles: stored & used

IN 46. Slash resistant/cloth gloves used properly

UTENSILS, EQUIPMENT AND VENDING

- IN 47. Food & non-food contact surfaces
- **IN** 48. Ware washing: installed, maintained, & used; test strips
- IN 49. Non-food contact surfaces clean

PHYSICAL FACILITIES

- IN 50. Hot & cold water available; adequate pressure
- N 51. Plumbing installed; proper backflow devices
- IN 52. Sewage & waste water properly disposed
- N 53. Toilet facilities: supplied, & cleaned N 54. Garbage & refuse disposal
- IN 55. Facilities installed, maintained, & clean
- N 56. Ventilation & lighting
- IN 57. Permit; Fees; Application; Plans

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.

Violations Comments

Violation #13, Food in good condition, safe, & unadulterated

Observed can of refried beans with dent along can seam. Ensure dented cans are not accepted by food vendor or disposed of.

CODE REFERENCE: 64E-11.003(1). The food packaging shall not be compromised nor the true appearance, color, or quality of a food be intentionally altered.

Violation #23. Date marking and disposition

Observed chicken legs and pepperonis outside of their original packaging and not date labeled in freezer. Ensure all foods outside of its original packaging is date labeled.

CODE REFERENCE: 64E-11.003(2). PHF/TCS foods, which are RTE and held refrigerated for more than 24 hours, shall be properly date marked unless otherwise exempted.

Inspector Signature: In M

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General Comments

Chicken patties in hot hold - 166 Sausages just made - 170 Corn dogs in hot hold - 170 Celery sticks and cucumbers in cold hold - 37 Apple juice in cold hold - 38 Prepared meals in cooler - 36 Milk in cooler - 37 Chicken patties in cooler - 12 Chicken legs in freezer - -12

Email Address(es): hicks_c@hcsb.k12.fl.us;

ward_w@hcsb.k12.fl.us

Inspection Conducted By: Sarah Labat (051454) Inspector Contact Number: Work: (352) 540-6800 ex.

Print Client Name: Date: 4/25/2022

Inspector Signature: SM

Client Signature:

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