

**STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT**



**FOOD SERVICE
INSPECTION REPORT**

PURPOSE:

- ROUTINE REINSPECTION
- CONSTRUCT. CHANGE OF OWNER
- COMPLAINT CONSULTATION
- QA SURVEY OTHER
- OTHER _____

NAME OF ESTABLISHMENT Westside Elementary School
 ADDRESS 5400 Applegate Dr. CITY Spring Hill
 OWNER Hernando County School Board ZIP 34606
 PERSON IN CHARGE Julie Vairo/Taralee Monggro PHONE (352) 797-7080

RESULTS

- Satisfactory
- Incomplete
- Unsatisfactory
- Correct Violations by
 - Next Inspection
 - 8:00 AM on:

BEGIN	END
9 45 A	10 05 A
<input type="checkbox"/> 00	<input type="checkbox"/> 00
<input type="checkbox"/> 05	<input type="checkbox"/> 05
<input type="checkbox"/> 10 PM	<input type="checkbox"/> 10 PM
<input type="checkbox"/> 15	<input type="checkbox"/> 15
<input type="checkbox"/> 20	<input type="checkbox"/> 20
<input type="checkbox"/> 25	<input type="checkbox"/> 25
<input type="checkbox"/> 30	<input type="checkbox"/> 30
<input type="checkbox"/> 35	<input type="checkbox"/> 35
<input checked="" type="checkbox"/> 40	<input checked="" type="checkbox"/> 40
<input checked="" type="checkbox"/> 45	<input checked="" type="checkbox"/> 45
<input type="checkbox"/> 50	<input type="checkbox"/> 50
<input type="checkbox"/> 55	<input type="checkbox"/> 55

DATE
04 16 18
<input type="checkbox"/> 00 <input type="checkbox"/> 00 <input type="checkbox"/> 95
<input type="checkbox"/> 01 <input type="checkbox"/> 01 <input type="checkbox"/> 96
<input type="checkbox"/> 02 <input type="checkbox"/> 02 <input type="checkbox"/> 97
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<input type="checkbox"/> 05 <input type="checkbox"/> 05 <input type="checkbox"/> 00
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<input type="checkbox"/> 07 <input type="checkbox"/> 07 <input type="checkbox"/> 02
<input type="checkbox"/> 08 <input type="checkbox"/> 08 <input type="checkbox"/> 03
<input type="checkbox"/> 09 <input type="checkbox"/> 09 <input type="checkbox"/> 04

POSITION #
51454
<input type="checkbox"/> 00 <input type="checkbox"/> 00 <input type="checkbox"/> 00
<input type="checkbox"/> 01 <input type="checkbox"/> 01 <input type="checkbox"/> 01
<input type="checkbox"/> 02 <input type="checkbox"/> 02 <input type="checkbox"/> 02
<input type="checkbox"/> 03 <input type="checkbox"/> 03 <input type="checkbox"/> 03
<input type="checkbox"/> 04 <input type="checkbox"/> 04 <input type="checkbox"/> 04
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<input type="checkbox"/> 09 <input type="checkbox"/> 09 <input type="checkbox"/> 09

CERTIFICATE NUMBER
27 - 48 - 00030
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<input type="checkbox"/> 02 <input type="checkbox"/> 02 <input type="checkbox"/> 02
<input type="checkbox"/> 03 <input type="checkbox"/> 03 <input type="checkbox"/> 03
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<input type="checkbox"/> 08 <input type="checkbox"/> 08 <input type="checkbox"/> 08
<input type="checkbox"/> 09 <input type="checkbox"/> 09 <input type="checkbox"/> 09

TYPE
<input type="checkbox"/> Hospital
<input type="checkbox"/> Nursing
<input type="checkbox"/> Detention
<input type="checkbox"/> Lounge
<input type="checkbox"/> Civic
<input type="checkbox"/> Movie
<input checked="" type="checkbox"/> School
<input type="checkbox"/> Residen.
<input type="checkbox"/> Child
<input type="checkbox"/> Limited
<input type="checkbox"/> Other

DATE
<input type="checkbox"/> 00 <input type="checkbox"/> 00 <input type="checkbox"/> 95
<input type="checkbox"/> 01 <input type="checkbox"/> 01 <input type="checkbox"/> 96
<input type="checkbox"/> 02 <input type="checkbox"/> 02 <input type="checkbox"/> 97
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<input type="checkbox"/> 08 <input type="checkbox"/> 08 <input type="checkbox"/> 03
<input type="checkbox"/> 09 <input type="checkbox"/> 09 <input type="checkbox"/> 04

Items marked below violate the requirements of Chapter 10D-13 of the Florida Administrative Code and must be corrected. Continued operation of this facility without making these corrections is a violation of Chapter 10D-13, Florida Administrative Code and Chapters 381, and 386, Florida Statutes. Violations must be corrected by the date and time indicated in the Results section above or an administrative fine or other legal action will be initiated.

- | | | | |
|---|--|--|--|
| FOOD SUPPLIES
<input type="checkbox"/> 1. Sources, etc.
FOOD PROTECTION
<input type="checkbox"/> 2. Stored temperature
<input type="checkbox"/> 3. No further cooking/Rapid cooling
<input type="checkbox"/> 4. Thawing
<input type="checkbox"/> 5. Raw fruits
<input type="checkbox"/> 6. Pork cooking
<input type="checkbox"/> 7. Poultry cooking
<input type="checkbox"/> 8. Other animal cooking
<input type="checkbox"/> 9. Least contact/Reheating
<input type="checkbox"/> 10. Food container
<input type="checkbox"/> 11. Buffet requirements
<input type="checkbox"/> 12. Self-service condiments
<input type="checkbox"/> 13. Reservice of food | <input type="checkbox"/> 14. Sneeze guards
<input type="checkbox"/> 15. Transportation of food
<input type="checkbox"/> 16. Poisonous/Toxic materials
PERSONNEL
<input type="checkbox"/> 17. Exclusion of personnel
<input type="checkbox"/> 18. Cleanliness
<input type="checkbox"/> 19. Tobacco use
<input type="checkbox"/> 20. Handwashing
<input type="checkbox"/> 21. Handling of dishware
EQUIPMENT/UTENSILS
<input type="checkbox"/> 22. Refrigeration facilities/Thermometers
<input type="checkbox"/> 23. Sinks
<input type="checkbox"/> 24. Ice storage/Counter-protector
<input type="checkbox"/> 25. Ventilation/Storage/Sufficient equipment
<input type="checkbox"/> 26. Dishwashing facilities | <input type="checkbox"/> 27. Design and fabrication
<input type="checkbox"/> 28. Installation and location
<input type="checkbox"/> 29. Cleanliness of equipment
<input type="checkbox"/> 30. Methods of washing
SANITARY FACILITIES AND CONTROLS
<input type="checkbox"/> 31. Water supply
<input type="checkbox"/> 32. Ice
<input type="checkbox"/> 33. Sewage
<input type="checkbox"/> 34. Plumbing
<input type="checkbox"/> 35. Toilet facilities
<input type="checkbox"/> 36. Handwashing facilities
<input type="checkbox"/> 37. Garbage disposal
<input type="checkbox"/> 38. Vermin control | OTHER FACILITIES AND OPERATIONS
<input type="checkbox"/> 39. Other facilities and operations
TEMPORARY FOOD SERVICE EVENTS
<input type="checkbox"/> 40. Temporary food service events
VENDING MACHINES
<input type="checkbox"/> 41. Vending machines
MANAGER CERTIFICATION
<input type="checkbox"/> 42. Manager certification
CERTIFICATES AND FEES
<input type="checkbox"/> 43. Certificates and fees
INSPECTION/ENFORCEMENT
<input type="checkbox"/> 44. Inspection/Enforcement |
|---|--|--|--|

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
NOTE	Inspection during lunch prep.
NOTE	No violations noted upon inspection.

HEALTH DEPARTMENT INSPECTOR: Taralee Monggro PHONE: 352-540-6847
 COPY OF REPORT RECEIVED BY: _____ DATE: 4-16-18

**STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT**



PURPOSE:

- ROUTINE REINSPECTION
 CONSTRUCT. CHANGE OF OWNER
 COMPLAINT CONSULTATION
 QA SURVEY OTHER
 OTHER _____

**FOOD SERVICE
INSPECTION REPORT**

NAME OF ESTABLISHMENT Westside Elementary School
 ADDRESS 5400 Applegate Dr. CITY Spring Hill
 OWNER Hernando County School Board ZIP 34606
 PERSON IN CHARGE Julie Vairo / Taralee Monogro PHONE (352) 797-7080

RESULTS

- Satisfactory
 Incomplete
 Unsatisfactory
 Correct Violations by
 Next Inspection
 8:00 AM on:

BEGIN	END
9:45 A	10:05 A
<input type="checkbox"/> 00	<input type="checkbox"/> 00
<input type="checkbox"/> 05 AM	<input type="checkbox"/> 05 AM
<input type="checkbox"/> 10 PM	<input type="checkbox"/> 10 PM
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<input type="checkbox"/> 45	<input type="checkbox"/> 45
<input type="checkbox"/> 50	<input type="checkbox"/> 50
<input type="checkbox"/> 55	<input type="checkbox"/> 55

DATE
04 16 18
<input type="checkbox"/> 00 <input type="checkbox"/> 00 <input type="checkbox"/> 05
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POSITION #
51454
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CERTIFICATE NUMBER
27 - 48 - 00030
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TYPE
<input type="checkbox"/> Hospital
<input type="checkbox"/> Nursing
<input type="checkbox"/> Detention
<input type="checkbox"/> Lounge
<input type="checkbox"/> Civic
<input type="checkbox"/> Movie
<input checked="" type="checkbox"/> School
<input type="checkbox"/> Residen.
<input type="checkbox"/> Child
<input type="checkbox"/> Limited
<input type="checkbox"/> Other

DATE
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<input type="checkbox"/> 09 <input type="checkbox"/> 09 <input type="checkbox"/> 09 <input type="checkbox"/> 14
<input type="checkbox"/> OUT OF BUSINESS

Items marked below violate the requirements of Chapter 64E-11 of the Florida Administrative Code and must be corrected. Continued operation of this facility without making these corrections is a violation of Chapter 64E-11, Florida Administrative Code and Chapters 381, and 386, Florida Statutes. Violations must be corrected by the date and time indicated in the Results section above or an administrative fine or other legal action will be initiated.

FOOD SUPPLIES	<input type="checkbox"/> 14. Sneeze guards	<input type="checkbox"/> 27. Design and fabrication	OTHER FACILITIES AND OPERATIONS
<input type="checkbox"/> 1. Sources, etc.	<input type="checkbox"/> 15. Transportation of food	<input type="checkbox"/> 28. Installation and location	<input type="checkbox"/> 39. Other facilities and operations
FOOD PROTECTION	<input type="checkbox"/> 16. Poisonous/Toxic materials	<input type="checkbox"/> 29. Cleanliness of equipment	TEMPORARY FOOD SERVICE EVENTS
<input type="checkbox"/> 2. Stored temperature	PERSONNEL	<input type="checkbox"/> 30. Methods of washing	<input type="checkbox"/> 40. Temporary food service events
<input type="checkbox"/> 3. No further cooking/Rapid cooling	<input type="checkbox"/> 17. Exclusion of personnel	SANITARY FACILITIES AND CONTROLS	VENDING MACHINES
<input type="checkbox"/> 4. Thawing	<input type="checkbox"/> 18. Cleanliness	<input type="checkbox"/> 31. Water supply	<input type="checkbox"/> 41. Vending machines
<input type="checkbox"/> 5. Raw fruits	<input type="checkbox"/> 19. Tobacco use	<input type="checkbox"/> 32. Ice	MANAGER CERTIFICATION
<input type="checkbox"/> 6. Pork cooking	<input type="checkbox"/> 20. Handwashing	<input type="checkbox"/> 33. Sewage	<input type="checkbox"/> 42. Manager certification
<input type="checkbox"/> 7. Poultry cooking	<input type="checkbox"/> 21. Handling of dishware	<input type="checkbox"/> 34. Plumbing	CERTIFICATES AND FEES
<input type="checkbox"/> 8. Other animal cooking	EQUIPMENT/UTENSILS	<input type="checkbox"/> 35. Toilet facilities	<input type="checkbox"/> 43. Certificates and fees
<input type="checkbox"/> 9. Least contact/Reheating	<input type="checkbox"/> 22. Refrigeration facilities/Thermometers	<input type="checkbox"/> 36. Handwashing facilities	INSPECTION/ENFORCEMENT
<input type="checkbox"/> 10. Food container	<input type="checkbox"/> 23. Sinks	<input type="checkbox"/> 37. Garbage disposal	<input type="checkbox"/> 44. Inspection/Enforcement
<input type="checkbox"/> 11. Buffet requirements	<input type="checkbox"/> 24. Ice storage/Counter-protector	<input type="checkbox"/> 38. Vermin control	
<input type="checkbox"/> 12. Self-service condiments	<input type="checkbox"/> 25. Ventilation/Storage/Sufficient equipment		
<input type="checkbox"/> 13. Reservice of food	<input type="checkbox"/> 26. Dishwashing facilities		

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
NOTE	Inspection during lunch prep.
NOTE	No violations noted upon inspection.

HEALTH DEPARTMENT INSPECTOR: [Signature] PHONE: (352) 540-6847
 COPY OF REPORT RECEIVED BY: Emailed DATE: 4/16/18