

# Food Establishment Inspection Report

	<b>Facility Type:</b>	<input type="checkbox"/> Bar/Lounge	<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> PPEC
	<input type="checkbox"/> Adult Day Care	<input type="checkbox"/> Civic	<input type="checkbox"/> Fraternal Org.	<input type="checkbox"/> Recreational Camp
	<input type="checkbox"/> Afterschool Meal Prog	<input type="checkbox"/> Crisis Stabilization Unit	<input type="checkbox"/> Home for Special Services	<input type="checkbox"/> Residential Treatment Fac.
	<input type="checkbox"/> Assisted Living	<input type="checkbox"/> Detention Fac.	<input type="checkbox"/> Hospice	<input type="checkbox"/> School
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 _____ Grade: _____				

Name of Establishment: <u>Brooksville Elementary</u>				RESULTS:		Correct by:	
Address: <u>385 N. Broad St.</u> City: <u>Brooksville</u>				<input checked="" type="checkbox"/> Satisfactory		<input checked="" type="checkbox"/> Next Routine Inspection	
ZIP Code: <u>34601</u>		Name of Person in Charge: <u>Barbara Donnelly</u>		<input type="checkbox"/> Unsatisfactory		<input type="checkbox"/> 8 A.M. on _____	
Telephone: <u>(352) 797-7028</u>		Person in Charge Email: _____		<input type="checkbox"/> Incomplete		(Date)	
Date (MM/DD/YY): <u>11/20/15</u>	Begin Time AM/PM: <u>1000</u>	End Time AM/PM: <u>1055</u>	Permit Number: <u>27-95-66637</u>	Position Number: <u>51454</u>	<input type="checkbox"/> Closure		Number of Risk Factors/Intervention Violations Marked "OUT" (items 1-29): <u>0</u>
					<input type="checkbox"/> Out of Business		Number of Repeat Violations (1-57 R): <u>0</u>

### 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

Compliance Status		Compliance Status	
IN	OUT	IN	OUT
<b>Supervision</b>			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 Demonstration of Knowledge/Training			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Certified Manager/Person in Charge present			
<b>Employee Health</b>			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Knowledge, responsibilities and reporting			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Proper use of restriction and exclusion			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Responding to vomiting & diarrheal events			
<b>Good Hygienic Practices</b>			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Proper eating, tasting, drinking, or tobacco use			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 No discharge from eyes, nose, and mouth			
<b>Preventing Contamination by Hands</b>			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Hands clean & properly washed			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 No bare hand contact with RTE food			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Handwashing sinks, accessible & supplies			
<b>Approved Source</b>			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Food obtained from approved source			
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12 Food received at proper temperature			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 Food in good condition, safe, & unadulterated			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 Shellstock tags & parasite destruction			
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.

Compliance Status		Compliance Status	
IN	OUT	IN	OUT
<b>Safe Food and Water</b>			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30 Pasteurized eggs used where required			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31 Water & ice from approved source			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32 Variance obtained for special processing			
<b>Food Temperature Control</b>			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33 Proper cooling methods; adequate equipment			
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
34 Plant food properly cooked for hot holding			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35 Approved thawing methods			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36 Thermometers provided & accurate			
<b>Food Identification</b>			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37 Food properly labeled; original container			
<b>Prevention of Food Contamination</b>			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38 Insects, rodents, & animals not present			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39 No Contamination (preparation, storage, display)			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 Personal cleanliness			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41 Wiping cloths: properly used & stored			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42 Washing fruits & vegetables			
<b>Proper Use of Utensils</b>			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43 Utensils: properly stored			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44 Equipment & linens: stored, dried, & handled			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45 Single-use/single-service articles: stored & used			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46 Slash-resistant/cloth gloves used properly			
<b>Utensils, Equipment and Vending</b>			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47 Food & non-food contact surfaces			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48 Warewashing: installed, maintained, used; test strips			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49 Non-food contact surfaces clean			
<b>Physical Facilities</b>			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50 Hot & cold water available; under pressure			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51 Plumbing installed; proper backflow devices			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52 Sewage & waste water properly disposed			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53 Toilet facilities: supplied & cleaned			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54 Garbage & refuse disposal			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55 Facilities installed, maintained, & clean			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56 Ventilation & lighting			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
57 Permit, Fees; Application; Plans			

Person in Charge (Print & Signature) <u>Machele Young</u>	Date: <u>11-20-15</u>
Inspector (Print & Signature) <u>Justin R. Saucko</u>	Phone: <u>(352) 540-6547</u>

# Food Establishment Inspection Report

Name of Establishment: <i>Brooksville Elementary</i>	Permit Number: <i>27-48-00037</i>	Date: <i>11/30/18</i>
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## TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
<i>Milk - Walk In</i>	<i>39°F</i>	<i>Cheez Stick - Pass Through</i>	<i>148°F</i>	<i>Sandwich - Pass Through</i>	<i>40°F</i>
<i>Grape - Walk In</i>	<i>40°</i>	<i>Pinwheel - Pass Through</i>	<i>136°F</i>	<i>Fruit Cup - Pass Through</i>	<i>35°F</i>
<i>Cheese - Walk In</i>	<i>39°F</i>	<i>Chicken Wrap - Pass Through</i>	<i>145°F</i>	<i>Milk - Pass Through</i>	<i>40°F</i>
				<i>Juice - Pass Through</i>	<i>40°F</i>

## OBSERVATIONS AND CORRECTIVE ACTIONS

Violations cited in this report must be corrected

Violation Number	Description
<i>NOTE</i>	<i>Inspection during lunch service.</i>
<i>46.</i>	<i>Can opener blade has food on it.</i>

Person in Charge (Signature) <i>DL [Signature]</i>	Date <i>11/30/18</i>
Inspector (Signature) <i>[Signature]</i>	Date <i>11/30/18</i>

FORM DH4023B 03/2018  
By typing my signature in the signature space provided above, 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. 690.50, Fla. Stat. (2017) and 15 U.S.C. s. 7001 (2009).