

Food Establishment Inspection Report

	Facility Type:		<input type="checkbox"/> Bar/Lounge	<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Intermediate Care DD	<input type="checkbox"/> PPEC
	<input type="checkbox"/> Adult Day Care	<input type="checkbox"/> Civic	<input type="checkbox"/> Fraternal Org.	<input type="checkbox"/> Migrant Housing	<input type="checkbox"/> Recreational Camp	<input type="checkbox"/> Short-term Res Treat
	<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"/> Transitional Living Fac	
	<input type="checkbox"/> Assisted Living	<input type="checkbox"/> Detention Fac.	<input type="checkbox"/> Hospice	<input type="checkbox"/> Movie Theater	<input checked="" type="checkbox"/> School	

PURPOSE: Routine Reinspection Construction Complaint Consultation Change of Ownership Epidemiology Temporary Event Other _____ Grade: _____

Name of Establishment: <u>Challenger K-8</u>				RESULTS:		Correct by:	
Address: <u>13400 Elgin Blvd.</u>				<input checked="" type="checkbox"/> Satisfactory		<input type="checkbox"/> Next Routine Inspection	
City: <u>Spring Hill</u>				<input type="checkbox"/> Unsatisfactory		<input type="checkbox"/> 8 A.M. on _____	
ZIP Code: <u>34609</u>				<input type="checkbox"/> Incomplete		(Date)	
Name of Person in Charge: <u>Donna O'Donnell</u>				<input type="checkbox"/> Closure		Number of Risk Factors/Intervention Violations Marked "OUT" (Items 1-29) <u>0</u>	
Telephone: <u>(352) 797-7024</u>				<input type="checkbox"/> Out of Business		Number of Repeat Violations (1-57 R) <u>0</u>	
Date (MM/DD/YY)		Begin Time AM/PM		End Time AM/PM		Permit Number	
<u>11/14/18</u>		<u>9:05 AM</u>		<u>9:55 AM</u>		<u>27-48-00121</u>	
Position Number							
<u>51454</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
Supervision			
1	<input type="checkbox"/>	Demonstration of Knowledge/Training	<input type="checkbox"/>
2	<input type="checkbox"/>	Certified Manager/Person in Charge present	<input type="checkbox"/>
Employee Health			
3	<input type="checkbox"/>	Knowledge, responsibilities and reporting	<input type="checkbox"/>
4	<input type="checkbox"/>	Proper use of restriction and exclusion	<input type="checkbox"/>
5	<input type="checkbox"/>	Responding to vomiting & diarrheal events	<input type="checkbox"/>
Good Hygienic Practices			
6	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco use	<input type="checkbox"/>
7	<input type="checkbox"/>	No discharge from eyes, nose, and mouth	<input type="checkbox"/>
Preventing Contamination by Hands			
8	<input type="checkbox"/>	Hands clean & properly washed	<input type="checkbox"/>
9	<input type="checkbox"/>	No bare hand contact with RTE food	<input type="checkbox"/>
10	<input type="checkbox"/>	Handwashing sinks, accessible & supplies	<input type="checkbox"/>
Approved Source			
11	<input type="checkbox"/>	Food obtained from approved source	<input type="checkbox"/>
12	<input type="checkbox"/>	Food received at proper temperature	<input type="checkbox"/>
13	<input type="checkbox"/>	Food in good condition, safe, & unadulterated	<input type="checkbox"/>
14	<input type="checkbox"/>	Shellstock tags & parasite destruction	<input type="checkbox"/>

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.

Compliance Status		Compliance Status	
IN	OUT	IN	OUT
Protection from Contamination			
15	<input type="checkbox"/>	Food separated & protected; single-use gloves	<input type="checkbox"/>
16	<input type="checkbox"/>	Food-contact surfaces; cleaned & sanitized	<input type="checkbox"/>
17	<input type="checkbox"/>	Proper disposal of unsafe food	<input type="checkbox"/>
Time/Temperature Control for Safety			
18	<input type="checkbox"/>	Cooking time & temperatures	<input type="checkbox"/>
19	<input type="checkbox"/>	Reheating procedures for hot holding	<input type="checkbox"/>
20	<input type="checkbox"/>	Cooling time and temperature	<input type="checkbox"/>
21	<input type="checkbox"/>	Hot holding temperatures	<input type="checkbox"/>
22	<input type="checkbox"/>	Cold holding temperatures	<input type="checkbox"/>
23	<input type="checkbox"/>	Date marking and disposition	<input type="checkbox"/>
24	<input type="checkbox"/>	Time as PHC; procedures & records	<input type="checkbox"/>
Consumer Advisory			
25	<input type="checkbox"/>	Advisory for raw/undercooked food	<input type="checkbox"/>
Highly Susceptible Populations			
26	<input type="checkbox"/>	Pasteurized foods used; No prohibited foods	<input type="checkbox"/>
Additives and Toxic Substances			
27	<input type="checkbox"/>	Food additives: approved & properly used	<input type="checkbox"/>
28	<input type="checkbox"/>	Toxic substances identified, stored, & used	<input type="checkbox"/>
Approved Procedures			
29	<input type="checkbox"/>	Variance/specialized process/HACCP	<input type="checkbox"/>

Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

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

Person in Charge (Print & Signature): Donna O'Donnell *Donna O'Donnell* **Date:** 11-14-18

Inspector (Print & Signature): Justin R. Saukko *Justin R. Saukko* **Phone:** (352) 540-6847

