

# Food Establishment Inspection Report

<b>Facility Type:</b> <input type="checkbox"/> Bar/Lounge <input type="checkbox"/> Civic <input type="checkbox"/> Child Day Care <input type="checkbox"/> Assisted Living <input type="checkbox"/> Retirement Home <input type="checkbox"/> Restaurant <input type="checkbox"/> School <input type="checkbox"/> PPEC <input type="checkbox"/> Recreational Camp <input type="checkbox"/> Residential Treatment Fac. <input type="checkbox"/> Short-term Res Treat <input type="checkbox"/> Intermediate Care DD <input type="checkbox"/> Migrant Housing <input type="checkbox"/> Movie Theater <input type="checkbox"/> Hospice <input type="checkbox"/> Home for Special Services <input type="checkbox"/> Frernal Org. <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Consultation <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Epidemology <input type="checkbox"/> Temporary Event <input type="checkbox"/> Other		<b>PURPOSE:</b> <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"/> Epidemology <input type="checkbox"/> Temporary Event <input type="checkbox"/> Other	
<b>Name of Establishment:</b> Explorer K-8 <b>Address:</b> 10252 Northcliffe Blvd <b>City:</b> Spring Hill		<b>Person in Charge:</b> Karen L. Jorgensen <b>Telephone:</b> 797-7844 <b>Person in Charge Email:</b> jorgensen.k@cs.k12.fl.us	
<b>RESULTS:</b> <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory Correct By: _____ Next Routine Inspection: 8 A.M. on _____ (Date) Stop Sale Issued: _____		<b>Compliance Status:</b> IN OUT N/A N/O Compliance Status: _____	
Indicate the compliance status: Mark an "X" under the compliance status. (N=the act or item was observed to be in compliance; O=the act or item was not observed to be in compliance; U=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)			
<b>FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS</b>			
Date (MM/DD/YY): 11/14/18 Begin Time AM/PM: 11:30 AM End Time AM/PM: 12:45 PM Permit Number: 49765 Position Number: _____		Number of Risk Factors/Intervention Violations Marked "OUT" (Items 1-28): _____ Number of Repeat Violations (1-57 R): _____	
Mark an "X" in the appropriate box for COS=violation corrected on site; R=repeat violation from previous inspection			
<b>GOOD RETAIL PRACTICES</b>			
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods			
<b>Safe Food and Water</b> IN OUT N/A N/O COS R 30 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Pasteurized eggs used where required 31 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Water & ice from approved source 32 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Variance obtained for special processing 33 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Proper cooling methods; adequate equipment 34 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Plant food properly cooked for hot holding 35 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Approved thawing methods 36 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Thermometers provided & accurate 37 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Food properly labeled; original container		38 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Insects, rodents, & animals not present 39 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No Contamination (preparation, storage, display) 40 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Personal cleanliness 41 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Wiping cloths: properly used & stored 42 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Washing fruits & vegetables	
<b>Proper Use of Utensils</b> IN OUT N/A N/O COS R 43 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Utensils: properly stored 44 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Equipment & linens: stored, dried, & handled 45 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Single-use/single-service articles: stored & used 46 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Dish-resistant/cloth gloves used properly 47 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Food & non-food contact surfaces 48 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Warewashing: installed, maintained, used; test strips 49 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Non-food contact surfaces clean		50 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Hot & cold water available; under pressure 51 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Plumbing installed; proper backflow devices 52 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Sewage & waste water properly disposed 53 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Toilet facilities: supplied & cleaned 54 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Garbage & refuse disposal 55 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Facilities installed, maintained, & clean 56 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Ventilation & lighting 57 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Permit; Fees; Application; Plans	
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.			
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.			

Inspector (Print & Signature) Shawn-Sombutmal  
 Person in Charge (Print & Signature) Karen L. Jorgensen  
 Date: 11/14/18  
 Phone: 352-540-6802

# Food Establishment Inspection Report

Name of Establishment

Explorer K-8

Permit Number:

27-48-00160

Date:

11-14-18

## TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp
Cheese sauce/cooler	40		
Wash / cooler	37		
Roast dogs / warmer	174		
Wash pot / warmer	200		
Choc. Milk	40		

## OBSERVATIONS AND CORRECTIVE ACTIONS

Violations cited in this report must be corrected

Violation Number

No violations at time of inspection

By typing, fax or e-filing, 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 8, 689.50, Fla. Stat. (2017) and 15 U.S.C. § 7001 (2000).

Person in Charge (Signature)

*Karen C. Jorgensen*  
KAREN C. JORGENSEN

Inspector (Signature)

Date

11/14/18

Date

11-14-18