

Food Establishment Inspection Report

	Facility Type: <input type="checkbox"/> Adult Day Care <input type="checkbox"/> Afterschool Meal Prog <input type="checkbox"/> Assisted Living	<input type="checkbox"/> Bar/Lounge <input type="checkbox"/> Civic <input type="checkbox"/> Crisis Stabilization Unit <input type="checkbox"/> Detention Fac.	<input type="checkbox"/> Domestic Violence <input type="checkbox"/> Fraternal Org. <input type="checkbox"/> Home for Special Services <input type="checkbox"/> Hospice	<input type="checkbox"/> Intermediate Care DD <input type="checkbox"/> Migrant Housing <input type="checkbox"/> Movie Theater	<input type="checkbox"/> PPEC <input type="checkbox"/> Recreational Camp <input type="checkbox"/> Residential Treatment Fac. <input checked="" type="checkbox"/> School	<input type="checkbox"/> Short-term Res Treat <input type="checkbox"/> Transitional Living Fac
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PURPOSE: Routine Reinspection Construction Complaint Consultation Change of Ownership Epidemiology Temporary Event Other _____

Name of Establishment: Fox Chapel Middle School				RESULTS:		Correct by:	
Address: 9412 Fox Chapel Lane				<input checked="" type="checkbox"/> Satisfactory		<input type="checkbox"/> Next Routine Inspection	
City: Spring Hill				<input type="checkbox"/> Unsatisfactory		<input type="checkbox"/> 8 A.M. on _____	
ZIP Code: 34606				<input type="checkbox"/> Incomplete		<input type="checkbox"/> Stop Sale Issued	
Telephone: (352) 797-7028				<input type="checkbox"/> Closure		Number of Risk Factors/Intervention Violations Marked "OUT" (Items 1-29) 0	
Name of Person in Charge: Bridget Cannon				<input type="checkbox"/> Out of Business		Number of Repeat Violations (1-57 R) 0	
Person in Charge Email: Cannon.B@HCSB.K12.FL.us							
Date (MM/DD/YY)	Begin Time AM/PM	End Time AM/PM	Permit Number	Position Number			
11/28/18	10:30 AM	10:45 AM	27-48-00025	49765			

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	N/A	N/O	IN	OUT	N/A	N/O
Supervision							
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstration of Knowledge/Training				Food separated & protected; single-use gloves			
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certified Manager/Person in Charge present				Food-contact surfaces; cleaned & sanitized			
Employee Health							
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge, responsibilities and reporting				Proper disposal of unsafe food			
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Time/Temperature Control for Safety			
Proper use of restriction and exclusion				18	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cooking time & temperatures			
Responding to vomiting & diarrheal events				19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good Hygienic Practices							
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reheating procedures for hot holding			
Proper eating, tasting, drinking, or tobacco use				20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cooling time and temperature			
No discharge from eyes, nose, and mouth				21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preventing Contamination by Hands							
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot holding temperatures			
Hands clean & properly washed				22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cold holding temperatures			
No bare hand contact with RTE food				23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Date marking and disposition			
Handwashing sinks, accessible & supplies				24	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Approved Source							
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Time as PHC; procedures & records			
Food obtained from approved source				Consumer Advisory			
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Food received at proper temperature				Advisory for raw/undercooked food			
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Highly Susceptible Populations			
Food in good condition, safe, & unadulterated				26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pasteurized foods used; No prohibited foods			
Shellstock tags & parasite destruction				Additives and Toxic Substances			
Approved Procedures							
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.				27	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.				Food additives: approved & properly used			
				28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Toxic substances identified, stored, & used			
				Approved Procedures			
				29	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				Variance/specialized process/HACCP			
				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	IN	OUT	N/A	N/O
Safe Food and Water							
30	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper Use of Utensils			
Pasteurized eggs used where required				43	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils: properly stored			
Water & ice from approved source				44	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Equipment & linens: stored, dried, & handled			
Variance obtained for special processing				45	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Temperature Control							
33	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single-use/single-service articles: stored & used			
Proper cooling methods; adequate equipment				46	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
34	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Slash-resistant/cloth gloves used properly			
Plant food properly cooked for hot holding				Utensils, Equipment and Vending			
35	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	47	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Approved thawing methods				Food & non-food contact surfaces			
36	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	48	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thermometers provided & accurate				Warewashing: installed, maintained, used; test strips			
Food Identification							
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	49	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food properly labeled; original container				Non-food contact surfaces clean			
Prevention of Food Contamination							
38	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical Facilities			
Insects, rodents, & animals not present				50	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot & cold water available; under pressure			
No Contamination (preparation, storage, display)				51	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices			
Personal cleanliness				52	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage & waste water properly disposed			
Wiping cloths: properly used & stored				53	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: supplied & cleaned			
Washing fruits & vegetables				54	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Garbage & refuse disposal			
				55	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Facilities installed, maintained, & clean			
				56	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Ventilation & lighting			
				57	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Permit; Fees; Application; Plans			

By typing "X" or clicking "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 s. 680.50, Fla. Stat. (2017) and 15 U.S.C. s. 7001 (2000).

Person in Charge (Print & Signature): Bridget Cannon Date: 11-28-18

Inspector (Print & Signature): Shawn Sambut Phone: 352-570-6802

Food Establishment Inspection Report

Name of Establishment: Fox Chapel Middle School	Permit Number: 27-48-00025	Date: 11-28-18
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TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
<i>Corn dogs / warmer</i>	<i>141</i>				
<i>Pizza / warmer</i>	<i>166</i>				
<i>Milk / cooler</i>	<i>41</i>				

OBSERVATIONS AND CORRECTIVE ACTIONS

Violations cited in this report must be corrected

Violation Number

No violations at time of inspection

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Person in Charge (Signature) *Budget Lawson*

Date *11-28-18*

Inspector (Signature) *Sh...*

Date *11-28-18*

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