

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
	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 _____

Name of Establishment: <u>Hernando High School</u>				RESULTS: <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Incomplete <input type="checkbox"/> Closure <input type="checkbox"/> Out of Business		Correct by: <input type="checkbox"/> Next Routine Inspection <input type="checkbox"/> 8 A.M. on _____ (Date) Number of Risk Factors/Intervention Violations Marked "OUT" (items 1-28) <u>0</u> Number of Repeat Violations (1-57 R) <u>0</u>	
Address: <u>700 Bell Ave</u>		City: <u>Brooksville</u>		Name of Person in Charge: <u>Val Toudt</u>		Stop Sale Issued	
ZIP Code: <u>34601</u>		Person in Charge Email:		Telephone: <u>(352) 747-2015</u>		Position Number: <u>51454</u>	
Date (MM/DD/YY): <u>12/7/18</u>	Begin Time AM/PM: <u>9:20 AM</u>	End Time AM/PM: <u>10:15 AM</u>	Permit Number: <u>27-48-00024</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			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 <input checked="" type="checkbox"/> <input type="checkbox"/> Demonstration of Knowledge/Training		15 <input checked="" type="checkbox"/> <input type="checkbox"/> Food separated & protected; single-use gloves	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 <input checked="" type="checkbox"/> <input type="checkbox"/> Certified Manager/Person in Charge present		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Employee Health		Time/Temperature Control for Safety	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 <input checked="" type="checkbox"/> <input type="checkbox"/> Knowledge, responsibilities and reporting		18 <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Cooking time & temperatures	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 <input checked="" type="checkbox"/> <input type="checkbox"/> Proper use of restriction and exclusion		19 <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Reheating procedures for hot holding	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5 <input checked="" type="checkbox"/> <input type="checkbox"/> Responding to vomiting & diarrheal events		20 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Cooling time and temperature	
Good Hygienic Practices		Consumer Advisory	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 <input checked="" type="checkbox"/> <input type="checkbox"/> Proper eating, tasting, drinking, or tobacco use		25 <input type="checkbox"/> <input checked="" type="checkbox"/> Advisory for raw/undercooked food	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Highly Susceptible Populations	
7 <input checked="" type="checkbox"/> <input type="checkbox"/> No discharge from eyes, nose, and mouth		26 <input checked="" type="checkbox"/> <input type="checkbox"/> Pasteurized foods used; No prohibited foods	
Preventing Contamination by Hands		Additives and Toxic Substances	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8 <input checked="" type="checkbox"/> <input type="checkbox"/> Hands clean & properly washed		27 <input checked="" type="checkbox"/> <input type="checkbox"/> Food additives: approved & properly used	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9 <input checked="" type="checkbox"/> <input type="checkbox"/> No bare hand contact with RTE food		28 <input checked="" type="checkbox"/> <input type="checkbox"/> Toxic substances identified, stored, & used	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Approved Procedures	
10 <input checked="" type="checkbox"/> <input type="checkbox"/> Handwashing sinks, accessible & supplies		29 <input type="checkbox"/> <input checked="" type="checkbox"/> Variance/specialized process/HACCP	
Approved Source		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.	
<input checked="" type="checkbox"/>	<input type="checkbox"/>		
11 <input checked="" type="checkbox"/> <input type="checkbox"/> Food obtained from approved source			
<input type="checkbox"/>	<input checked="" type="checkbox"/>		
12 <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Food received at proper temperature			
<input checked="" type="checkbox"/>	<input type="checkbox"/>		
13 <input checked="" type="checkbox"/> <input type="checkbox"/> Food in good condition, safe, & unadulterated			
<input checked="" type="checkbox"/>	<input type="checkbox"/>		
14 <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> 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
Safe Food and Water			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
30 <input checked="" type="checkbox"/> <input type="checkbox"/> Pasteurized eggs used where required		43 <input checked="" type="checkbox"/> <input type="checkbox"/> Utensils: properly stored	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
31 <input checked="" type="checkbox"/> <input type="checkbox"/> Water & ice from approved source		44 <input checked="" type="checkbox"/> <input type="checkbox"/> Equipment & linens: stored, dried, & handled	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
32 <input type="checkbox"/> <input checked="" type="checkbox"/> Variance obtained for special processing		45 <input checked="" type="checkbox"/> <input type="checkbox"/> Single-use/single-service articles: stored & used	
Food Temperature Control		46 <input type="checkbox"/> <input checked="" type="checkbox"/> Slash-resistant/cloth gloves used properly	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Utensils, Equipment and Vending	
33 <input checked="" type="checkbox"/> <input type="checkbox"/> Proper cooling methods; adequate equipment		47 <input checked="" type="checkbox"/> <input type="checkbox"/> Food & non-food contact surfaces	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	48 <input checked="" type="checkbox"/> <input type="checkbox"/> Warewashing: installed, maintained, used; test strips	
34 <input type="checkbox"/> <input checked="" type="checkbox"/> Plant food properly cooked for hot holding		49 <input checked="" type="checkbox"/> <input type="checkbox"/> Non-food contact surfaces clean	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Physical Facilities	
35 <input checked="" type="checkbox"/> <input type="checkbox"/> Approved thawing methods		50 <input checked="" type="checkbox"/> <input type="checkbox"/> Hot & cold water available; under pressure	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	51 <input checked="" type="checkbox"/> <input type="checkbox"/> Plumbing installed; proper backflow devices	
36 <input checked="" type="checkbox"/> <input type="checkbox"/> Thermometers provided & accurate		52 <input checked="" type="checkbox"/> <input type="checkbox"/> Sewage & waste water properly disposed	
Food Identification		53 <input checked="" type="checkbox"/> <input type="checkbox"/> Toilet facilities: supplied & cleaned	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	54 <input checked="" type="checkbox"/> <input type="checkbox"/> Garbage & refuse disposal	
37 <input checked="" type="checkbox"/> <input type="checkbox"/> Food properly labeled; original container		55 <input checked="" type="checkbox"/> <input type="checkbox"/> Facilities installed, maintained, & clean	
Prevention of Food Contamination		56 <input checked="" type="checkbox"/> <input type="checkbox"/> Ventilation & lighting	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	57 <input checked="" type="checkbox"/> <input type="checkbox"/> Permit; Fees; Application; Plans	
38 <input checked="" type="checkbox"/> <input type="checkbox"/> Insects, rodents, & animals not present			
<input checked="" type="checkbox"/>	<input type="checkbox"/>		
39 <input checked="" type="checkbox"/> <input type="checkbox"/> No Contamination (preparation, storage, display)			
<input checked="" type="checkbox"/>	<input type="checkbox"/>		
40 <input checked="" type="checkbox"/> <input type="checkbox"/> Personal cleanliness			
<input checked="" type="checkbox"/>	<input type="checkbox"/>		
41 <input checked="" type="checkbox"/> <input type="checkbox"/> Wiping cloths: properly used & stored			
<input checked="" type="checkbox"/>	<input type="checkbox"/>		
42 <input checked="" type="checkbox"/> <input type="checkbox"/> Washing fruits & vegetables			

Person in Charge (Print & Signature): <u>Val Toudt</u>	Date: <u>12-7-18</u>
Inspector (Print & Signature): <u>Justin R. Soukko</u>	Phone: <u>(352) 540-6847</u>

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 c. 688.50, Fla. Stat. (2017) and 15 U.S.C. s. 7001 (2000).

