

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"/> Afterschool Meal Prog	<input type="checkbox"/> Crisis Stabilization Unit	<input type="checkbox"/> Home for Special Services	<input type="checkbox"/> Movie Theater	<input type="checkbox"/> Residential Treatment Fac.	<input type="checkbox"/> Short-term Res Treat
<input type="checkbox"/> Assisted Living	<input type="checkbox"/> Detention Fac.	<input type="checkbox"/> Hospice	<input checked="" type="checkbox"/> School	<input type="checkbox"/> Transitional Living Fac	

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

Name of Establishment: <u>John D. Floyd Elementary</u>				RESULTS:		Correct by:	
Address: <u>3139 Dumont Ave.</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>Nancy Kotecki</u>				<input type="checkbox"/> Closure		Number of Risk Factors/Intervention Violations Marked "OUT" (Items 1-29) <u>0</u>	
Telephone: <u>(352) 797-7028</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	Position Number			
<u>1/14/19</u>	<u>9:25 AM</u>	<u>10:20 AM</u>	<u>27-48-00034</u>	<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.

Compliance Status		IN		OUT		N/A		N/O		cos	R
Supervision											
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>									
Demonstration of Knowledge/Training											
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Certified Manager/Person in Charge present											
Employee Health											
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>									
Knowledge, responsibilities and reporting											
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>									
Proper use of restriction and exclusion											
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>									
Responding to vomiting & diarrheal events											
Good Hygienic Practices											
6	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>								
Proper eating, tasting, drinking, or tobacco use											
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
No discharge from eyes, nose, and mouth											
Preventing Contamination by Hands											
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Hands clean & properly washed											
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
No bare hand contact with RTE food											
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Handwashing sinks, accessible & supplies											
Approved Source											
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>									
Food obtained from approved source											
12	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>								
Food received at proper temperature											
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Food in good condition, safe, & unadulterated											
14	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>							
Shellstock tags & parasite destruction											
<p>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.</p> <p>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.</p>											
Protection from Contamination											
15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Food separated & protected; single-use gloves											
16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Food-contact surfaces; cleaned & sanitized											
17	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>								
Proper disposal of unsafe food											
Time/Temperature Control for Safety											
18	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Cooking time & temperatures											
19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>							
Reheating procedures for hot holding											
20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>							
Cooling time and temperature											
21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Hot holding temperatures											
22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Cold holding temperatures											
23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Date marking and disposition											
24	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>							
Time as PHC; procedures & records											
Consumer Advisory											
25	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>								
Advisory for raw/undercooked food											
Highly Susceptible Populations											
26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Pasteurized foods used; No prohibited foods											
Additives and Toxic Substances											
27	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
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 type="checkbox"/>	<input checked="" 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.

Compliance Status		IN		OUT		N/A		N/O		cos	R
Safe Food and Water											
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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>								
Variance obtained for special processing											
Food Temperature Control											
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											
Food Identification											
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Food properly labeled; original container											
Prevention of Food Contamination											
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											
<p>By typing "N/A" 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. 690.50, Fla. Stat. (2017) and 15 U.S.C. s. 7001 (2000).</p>											

Person in Charge (Print & Signature) <u>Nancy Kotecki</u>	Date: <u>1/14/19</u>
Inspector (Print & Signature) <u>Justin R. Sautko</u>	Phone: <u>(352) 540-6847</u>

Food Establishment Inspection Report

Name of Establishment: <i>John D. Floyd Elementary</i>	Permit Number: <i>27-48-00034</i>	Date: <i>1/14/19</i>
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TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
<i>Walk In Cooler</i>		<i>Pass Through Warmer</i>		<i>Pass Through Cooler</i>	
<i>Milk</i>	<i>39°</i>	<i>Cheese sauce</i>	<i>140°F</i>	<i>Butter</i>	<i>37°</i>
<i>Juice</i>	<i>39°</i>	<i>Pretzel</i>	<i>140°F</i>		
		<i>Butter</i>	<i>3</i>		

OBSERVATIONS AND CORRECTIVE ACTIONS

Violations cited in this report must be corrected

Violation Number

NOTE Lunch prep during inspection.

NOTE No violations noted upon inspection.

By typing "e" 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. 668.50, Fla. Stat. (2017) and 15 U.S.C. s. 7001 (2000).

Person in Charge (Signature) *Nancy Kotzka*

Inspector (Signature) *[Signature]*

Date *1/14/19*

Date *1/14/19*

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