

Food Establishment Inspection Report

	Facility Type: <input type="checkbox"/> Adult Day Care <input type="checkbox"/> After-school 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>Moton Elementary 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"/> 3 A.M. on _____ (Date) Number of Risk Factors/Intervention Violations Marked "OUT" (Items 1-29) <u>0</u> Number of Repeat Violations (1-57 R) <u>0</u>	
Address: <u>7175 Emerson Rd.</u>		City: <u>Brooksville</u>		Stop Sale Issued _____			
ZIP Code: <u>34601</u>		Name of Person in Charge: <u>Debra McDow</u>					
Telephone: <u>(352) 747-7065</u>		Person in Charge Email: _____					
Date (MM/DD/YY) <u>11/27/18</u>	Begin Time AM/PM <u>1225 PM</u>	End Time AM/PM <u>120 PM</u>	Permit Number <u>27-48-00026</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		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"/>	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 checked="" type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco use				
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose, and mouth				
Preventing Contamination by Hands							
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hands clean & properly washed				
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No bare hand contact with RTE food				
10	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature				
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe, & unadulterated				
14	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Shellstock tags & parasite destruction				

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

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		IN OUT N/A N/O		COS		R	
Safe Food and Water							
30	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required				
31	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Water & ice from approved source				
32	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Variance obtained for special processing				
Food Temperature Control							
33	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods; adequate equipment				
34	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plant food properly cooked for hot holding				
35	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods				
36	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Thermometers provided & accurate				
Food Identification							
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container				
Prevention of Food Contamination							
38	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, & animals not present				
39	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No Contamination (preparation, storage, display)				
40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness				
41	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used & stored				
42	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Washing fruits & vegetables				

Compliance Status		IN OUT N/A N/O		COS		R	
Proper Use of Utensils							
43	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Utensils: properly stored				
44	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Equipment & linens: stored, dried, & handled				
45	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Single-use/single-service articles: stored & used				
46	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Slash-resistant/cloth gloves used properly				
Utensils, Equipment and Vending							
47	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food & non-food contact surfaces				
48	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Warewashing: installed, maintained, used; test strips				
49	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean				
Physical Facilities							
50	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hot & cold water available; under pressure				
51	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plumbing installed; proper backflow devices				
52	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sewage & waste water properly disposed				
53	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: supplied & cleaned				
54	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Garbage & refuse disposal				
55	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Facilities installed, maintained, & clean				
56	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ventilation & lighting				
57	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Permit, Fees; Application; Plans				

Person in Charge (Print & Signature) <u>Debi McDow</u>	Date: <u>11-27-18</u>
Inspector (Print & Signature) <u>Justin R. Savkko</u>	Phone: <u>352 540 6847</u>

