

# Food Establishment Inspection Report

	<b>Facility Type:</b> <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			
<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"/> Epidemiology <input type="checkbox"/> Temporary Event <input type="checkbox"/> Other _____				
<b>Name of Establishment:</b> <u>Moton Elementary School</u>				
<b>Address:</b> <u>7125 Emerson Rd.</u> <b>City:</b> <u>Brooksville</u>				
<b>ZIP Code:</b> <u>34601</u> <b>Name of Person in Charge:</b> <u>Debra McDow</u>				
<b>Telephone:</b> <u>(352) 792-7065</u> <b>Person in Charge Email:</b> _____				
<b>Date (MM/DD/YY)</b>	<b>Begin Time AM/PM</b>	<b>End Time AM/PM</b>	<b>Permit Number</b>	<b>Position Number</b>
<u>1/8/19</u>	<u>9:35 AM</u>	<u>1:05 PM</u>	<u>27-48-00026</u>	<u>51454</u>

<b>RESULTS:</b>	<input checked="" type="checkbox"/> Satisfactory	<b>Correct by:</b>	<b>Stop Sale Issued</b> <u>N/A</u>	
	<input type="checkbox"/> Unsatisfactory			<input type="checkbox"/> Next Routine Inspection
	<input type="checkbox"/> Incomplete			<input type="checkbox"/> 8 A.M. on _____
	<input type="checkbox"/> Closure			(Date)
<input type="checkbox"/> Out of Business	Number of Risk Factors/Intervention Violations Marked "OUT" (items 1-29) <u>0</u>			
Number of Repeat Violations (1-57 R) <u>0</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		COS	R
IN	OUT	N/A	N/O
<b>Supervision</b>			
<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1 Demonstration of Knowledge/Training			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Certified Manager/Person in Charge present			
<b>Employee Health</b>			
<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3 Knowledge, responsibilities and reporting			
<input checked="" type="checkbox"/>	<input type="checkbox"/>		
4 Proper use of restriction and exclusion			
<input checked="" type="checkbox"/>	<input type="checkbox"/>		
5 Responding to vomiting & diarrheal events			
<b>Good Hygienic Practices</b>			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Proper eating, tasting, drinking, or tobacco use			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 No discharge from eyes, nose, and mouth			
<b>Preventing Contamination by Hands</b>			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Hands clean & properly washed			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 No bare hand contact with RTE food			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Handwashing sinks, accessible & supplies			
<b>Approved Source</b>			
<input checked="" type="checkbox"/>	<input type="checkbox"/>		
11 Food obtained from approved source			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Food received at proper temperature			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 Food in good condition, safe, & unadulterated			
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14 Shellstock tags & parasite destruction			

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

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

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

<b>Person in Charge (Print &amp; Signature)</b> <u>Debra McDow</u>	<b>Date:</b> <u>1/8/19</u>
<b>Inspector (Print &amp; Signature)</b> <u>Justin R. Sautko</u>	<b>Phone:</b> <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 s. 668.50, Fla. Stat. (2017) and 15 U.S.C. s. 7001 (2000).



# Food Establishment Inspection Report

Name of Establishment: <i>Moton Elementary School</i>	Permit Number: <i>27-48-00026</i>	Date: <i>1/8/19</i>
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## TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
<i>PASS Through Cooler</i>		<i>Pass Through Warmer</i>		<i>Walk In Cooler</i>	
<i>OT</i>	<i>41°F</i>	<i>Cheese</i>	<i>140°F</i>	<i>Cheese slice</i>	<i>40°F</i>
<i>Fruit Punch</i>	<i>40°F</i>			<i>Cucumber</i>	<i>39°F</i>

## OBSERVATIONS AND CORRECTIVE ACTIONS

Violations cited in this report must be corrected

Violation Number

*NOTE Inspection during breakfast cleanup.*

*NOTE No violations noted upon inspection.*

Person in Charge (Signature)

Date

*1/8/19*

Inspector (Signature)

Date

*1/8/19*

FORM DH4023B 03/2018

By typing my signature, in the signature space provided above, I agree to create an electronic record and to adopt the electronic symbol created for 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. 660.50, Fla. Stat. (2017) and 15 U.S.C. s. 7001 (2000).