


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

Name of Establishment: <u>Pauline Middle 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)		Stop Sale Issued
Address: <u>4100 Broadway Dr.</u>		City: <u>Spring Hill</u>						
ZIP Code: <u>34609</u>		Name of Person in Charge: <u>Yirlanny Villalobos</u>						
Telephone: <u>(352) 797-7095</u>		Person in Charge Email: _____						
Date (MM/DD/YY) <u>11/11/18</u>	Begin Time AM/PM <u>1000 AM</u>	End Time AM/PM <u>1045 AM</u>	Permit Number <u>27-48-00023</u>	Position Number <u>51454</u>	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				Compliance Status			
IN	OUT	N/A	N/O	IN	OUT	N/A	N/O
Supervision				Protection from Contamination			
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstration of Knowledge/Training				Food separated & protected; single-use gloves			
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certified Manager/Person in Charge present				Food-contact surfaces; cleaned & sanitized			
Employee Health				Time/Temperature Control for Safety			
3	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper use of restriction and exclusion				Cooking time & temperatures			
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responding to vomiting & diarrheal events				Reheating procedures for hot holding			
Good Hygienic Practices				Consumer Advisory			
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper eating, tasting, drinking, or tobacco use				Advisory for raw/undercooked food			
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No discharge from eyes, nose, and mouth				Highly Susceptible Populations			
Preventing Contamination by Hands				Additives and Toxic Substances			
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hands clean & properly washed				Food additives: approved & properly used			
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No bare hand contact with RTE food				Toxic substances identified, stored, & used			
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved Procedures			
Handwashing sinks, accessible & supplies				24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Approved Source				Time as PHC; procedures & records			
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food obtained from approved source				Approved Procedures			
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food received at proper temperature				Variance/specialized process/HACCP			
13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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.			
Food in good condition, safe, & unadulterated				27	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shellstock tags & parasite destruction				29	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.

IN OUT N/A N/O				IN OUT N/A N/O			
Safe Food and Water				Proper Use of Utensils			
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pasteurized eggs used where required				Utensils: properly stored			
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water & ice from approved source				Equipment & linens: stored, dried, & handled			
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Variance obtained for special processing				Single-use/single-service articles: stored & used			
Food Temperature Control				Utensils, Equipment and Vending			
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper cooling methods; adequate equipment				Slash-resistant/cloth gloves used properly			
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical Facilities			
Plant food properly cooked for hot holding				47	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food & non-food contact surfaces			
Approved thawing methods				48	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warewashing: installed, maintained, used; test strips			
Thermometers provided & accurate				49	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Identification				Non-food contact surfaces clean			
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical Facilities			
Food properly labeled; original container				50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prevention of Food Contamination				Hot & cold water available; under pressure			
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insects, rodents, & animals not present				Plumbing installed; proper backflow devices			
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No Contamination (preparation, storage, display)				Sewage & waste water properly disposed			
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal cleanliness				Toilet facilities: supplied & cleaned			
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wiping cloths: properly used & stored				Garbage & refuse disposal			
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	55	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Washing fruits & vegetables				Facilities installed, maintained, & clean			
				56	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Ventilation & lighting			
				57	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Permit; Fees; Application; Plans			

Person in Charge (Print & Signature): Yirlanny Villalobos Y. Villalobos **Date:** 11.14.18

Inspector (Print & Signature): Justin R. Sackel **Phone:** 352.540.6847

