


# Food Establishment Inspection Report

	<b>Facility Type:</b>	<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 \_\_\_\_\_ Grade: \_\_\_\_\_

<b>Name of Establishment:</b> <u>Suncoast Elementary School</u>				<b>RESULTS:</b>		<b>Correct by:</b>	
<b>Address:</b> <u>11135 Quality Dr.</u>				<input checked="" type="checkbox"/> Satisfactory		<input type="checkbox"/> Next Routine Inspection	
<b>City:</b> <u>Spring Hill</u>				<input type="checkbox"/> Unsatisfactory		<input type="checkbox"/> 8 A.M. on _____	
<b>ZIP Code:</b> <u>34609</u>				<input type="checkbox"/> Incomplete		(Date)	
<b>Name of Person in Charge:</b> <u>Kerri Diorio</u>				<input type="checkbox"/> Closure		Number of Risk Factors/Intervention Violations Marked "OUT" (Items 1-29) <u>0</u>	
<b>Telephone:</b> <u>(352) 777-7085</u>				<input type="checkbox"/> Out of Business		Number of Repeat Violations (1-57 R) <u>0</u>	
<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>11/15/18</u>	<u>1035 Am</u>	<u>1120 Am</u>	<u>27-48-00027</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. 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				
<b>Supervision</b>											
<input checked="" type="checkbox"/>	<input type="checkbox"/>			<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"/> <input type="checkbox"/> <input type="checkbox"/> Food separated & protected; single-use gloves							
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
2 <input checked="" type="checkbox"/> <input type="checkbox"/> Certified Manager/Person in Charge present				16 <input checked="" type="checkbox"/> <input type="checkbox"/> Food-contact surfaces; cleaned & sanitized							
<b>Employee Health</b>											
<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
3 <input checked="" type="checkbox"/> <input type="checkbox"/> Knowledge, responsibilities and reporting				17 <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Proper disposal of unsafe food							
<input checked="" type="checkbox"/>	<input type="checkbox"/>			<b>Time/Temperature Control for Safety</b>							
4 <input checked="" type="checkbox"/> <input type="checkbox"/> Proper use of restriction and exclusion				18 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Cooking time & temperatures							
<input checked="" type="checkbox"/>	<input type="checkbox"/>			19 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Reheating procedures for hot holding							
5 <input checked="" type="checkbox"/> <input type="checkbox"/> Responding to vomiting & diarrheal events				20 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Cooling time and temperature							
<b>Good Hygienic Practices</b>											
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	21 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Hot holding temperatures							
6 <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Proper eating, tasting, drinking, or tobacco use				22 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Cold holding temperatures							
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	23 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Date marking and disposition							
7 <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> No discharge from eyes, nose, and mouth				24 <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Time as PHC; procedures & records							
<b>Preventing Contamination by Hands</b>											
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Consumer Advisory</b>							
8 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Hands clean & properly washed				25 <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Advisory for raw/undercooked food							
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Highly Susceptible Populations</b>							
9 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No bare hand contact with RTE food				26 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Pasteurized foods used; No prohibited foods							
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Additives and Toxic Substances</b>							
10 <input checked="" type="checkbox"/> <input type="checkbox"/> Handwashing sinks, accessible & supplies				27 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Food additives: approved & properly used							
<b>Approved Source</b>											
<input checked="" type="checkbox"/>	<input type="checkbox"/>			28 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Toxic substances identified, stored, & used							
11 <input checked="" type="checkbox"/> <input type="checkbox"/> Food obtained from approved source				<b>Approved Procedures</b>							
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	29 <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Variance/specialized process/HACCP							
12 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Food received at proper temperature				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"/>										
13 <input checked="" type="checkbox"/> <input type="checkbox"/> Food in good condition, safe, & unadulterated											
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
14 <input 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.

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

<b>Person in Charge (Print &amp; Signature)</b> <u>Kerri Diorio</u>	<b>Date:</b> <u>11/15/18</u>
<b>Inspector (Print &amp; Signature)</b> <u>Justin R. Saukko</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. 688.50, Fla. Stat. (2017) and 15 U.S.C. s. 7001 (2009).

# Food Establishment Inspection Report

Name of Establishment:

Suncoast Elementary School

Permit Number:

27-48-00027

Date:

11/15/18

## TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Sliced turkey WALK-IN	38°F	Hotdog - Pass through	140°		
Apple juice WALK-IN	38°F	Potato Cake - Pass through	140°		
Cranberry Sauce - walk in	38°F				
Apple slices - pass through	40°F				

## OBSERVATIONS AND CORRECTIVE ACTIONS

Violations cited in this report must be corrected

Violation Number

NOTE Inspection during lunch service.

NOTE No violations noted upon inspection.

Person in Charge (Signature)

*Herri Diorio Ken D...*

Date

11/15/18

Inspector (Signature)

*[Signature]*

Date

11/15/18

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