

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: <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 _____ Grade: _____

Name of Establishment: <u>Spring Hill Elementary</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 Safe Issued _____	
Address: <u>6001 Mariner Blvd.</u> City: <u>Spring Hill</u>		Name of Person in Charge: <u>Debbie Yagid</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>	
Telephone: <u>(352) 797-7030</u>		Person in Charge Email: _____		Date (MM/DD/YY) <u>11/27/18</u>	
Begin Time AM/PM <u>9:15 AM</u>	End Time AM/PM <u>9:55 AM</u>	Permit Number <u>27-48-00028</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		Compliance Status			
IN	OUT	IN	OUT		
Supervision					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1 <input type="checkbox"/> <input type="checkbox"/> Demonstration of Knowledge/Training		15 <input type="checkbox"/> <input type="checkbox"/> Food separated & protected; single-use gloves			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
2 <input type="checkbox"/> <input type="checkbox"/> Certified Manager/Person in Charge present		16 <input type="checkbox"/> <input type="checkbox"/> Food-contact surfaces; cleaned & sanitized			
Employee Health					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3 <input type="checkbox"/> <input type="checkbox"/> Knowledge, responsibilities and reporting		17 <input type="checkbox"/> <input type="checkbox"/> Proper disposal of unsafe food			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Time/Temperature Control for Safety			
4 <input type="checkbox"/> <input type="checkbox"/> Proper use of restriction and exclusion		18 <input type="checkbox"/> <input type="checkbox"/> Cooking time & temperatures			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	19 <input type="checkbox"/> <input type="checkbox"/> Reheating procedures for hot holding			
Good Hygienic Practices					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	20 <input type="checkbox"/> <input type="checkbox"/> Cooling time and temperature			
5 <input type="checkbox"/> <input type="checkbox"/> Responding to vomiting & diarrheal events		21 <input type="checkbox"/> <input type="checkbox"/> Hot holding temperatures			
Preventing Contamination by Hands					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	22 <input type="checkbox"/> <input type="checkbox"/> Cold holding temperatures			
6 <input type="checkbox"/> <input type="checkbox"/> Proper eating, tasting, drinking, or tobacco use		23 <input type="checkbox"/> <input type="checkbox"/> Date marking and disposition			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	24 <input type="checkbox"/> <input type="checkbox"/> Time as PHC; procedures & records			
7 <input type="checkbox"/> <input type="checkbox"/> No discharge from eyes, nose, and mouth		Consumer Advisory			
Approved Source					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	25 <input type="checkbox"/> <input type="checkbox"/> Advisory for raw/undercooked food			
8 <input type="checkbox"/> <input type="checkbox"/> Hands clean & properly washed		Highly Susceptible Populations			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	26 <input type="checkbox"/> <input type="checkbox"/> Pasteurized foods used; No prohibited foods			
9 <input type="checkbox"/> <input type="checkbox"/> No bare hand contact with RTE food		Additives and Toxic Substances			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	27 <input type="checkbox"/> <input type="checkbox"/> Food additives: approved & properly used			
10 <input type="checkbox"/> <input type="checkbox"/> Handwashing sinks, accessible & supplies		28 <input type="checkbox"/> <input type="checkbox"/> Toxic substances identified, stored, & used			
Approved Source					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	29 <input type="checkbox"/> <input type="checkbox"/> Variance/specialized process/HACCP			
11 <input type="checkbox"/> <input type="checkbox"/> Food obtained from approved source		Approved Procedures			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	GOOD RETAIL PRACTICES			
12 <input type="checkbox"/> <input type="checkbox"/> Food received at proper temperature		Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	30 <input type="checkbox"/> <input type="checkbox"/> Pasteurized eggs used where required			
13 <input type="checkbox"/> <input type="checkbox"/> Food in good condition, safe, & unadulterated		31 <input type="checkbox"/> <input type="checkbox"/> Water & ice from approved source			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	32 <input type="checkbox"/> <input type="checkbox"/> Variance obtained for special processing			
14 <input type="checkbox"/> <input type="checkbox"/> Shellstock tags & parasite destruction		Food Temperature Control			
Prevention of Food Contamination					
15 <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.		33 <input type="checkbox"/> <input type="checkbox"/> Proper cooling methods; adequate equipment			
16 <input type="checkbox"/> <input type="checkbox"/> Hands clean & properly washed		34 <input type="checkbox"/> <input type="checkbox"/> Plant food properly cooked for hot holding			
17 <input type="checkbox"/> <input type="checkbox"/> No bare hand contact with RTE food		35 <input type="checkbox"/> <input type="checkbox"/> Approved thawing methods			
18 <input type="checkbox"/> <input type="checkbox"/> Handwashing sinks, accessible & supplies		36 <input type="checkbox"/> <input type="checkbox"/> Thermometers provided & accurate			
19 <input type="checkbox"/> <input type="checkbox"/> Food obtained from approved source		Food Identification			
20 <input type="checkbox"/> <input type="checkbox"/> Food received at proper temperature		37 <input type="checkbox"/> <input type="checkbox"/> Food properly labeled; original container			
21 <input type="checkbox"/> <input type="checkbox"/> Food in good condition, safe, & unadulterated		Prevention of Food Contamination			
22 <input type="checkbox"/> <input type="checkbox"/> Shellstock tags & parasite destruction		38 <input type="checkbox"/> <input type="checkbox"/> Insects, rodents, & animals not present			
23 <input type="checkbox"/> <input type="checkbox"/> Hands clean & properly washed		39 <input type="checkbox"/> <input type="checkbox"/> No Contamination (preparation, storage, display)			
24 <input type="checkbox"/> <input type="checkbox"/> No bare hand contact with RTE food		40 <input type="checkbox"/> <input type="checkbox"/> Personal cleanliness			
25 <input type="checkbox"/> <input type="checkbox"/> Handwashing sinks, accessible & supplies		41 <input type="checkbox"/> <input type="checkbox"/> Wiping cloths: properly used & stored			
26 <input type="checkbox"/> <input type="checkbox"/> Food obtained from approved source		42 <input type="checkbox"/> <input type="checkbox"/> Washing fruits & vegetables			
27 <input type="checkbox"/> <input type="checkbox"/> Food received at proper temperature		Proper Use of Utensils			
28 <input type="checkbox"/> <input type="checkbox"/> Food in good condition, safe, & unadulterated		43 <input type="checkbox"/> <input type="checkbox"/> Utensils: properly stored			
29 <input type="checkbox"/> <input type="checkbox"/> Shellstock tags & parasite destruction		44 <input type="checkbox"/> <input type="checkbox"/> Equipment & linens: stored, dried, & handled			
30 <input type="checkbox"/> <input type="checkbox"/> Hands clean & properly washed		45 <input type="checkbox"/> <input type="checkbox"/> Single-use/single-service articles: stored & used			
31 <input type="checkbox"/> <input type="checkbox"/> No bare hand contact with RTE food		46 <input type="checkbox"/> <input type="checkbox"/> Stash-resistant/cloth gloves used properly			
32 <input type="checkbox"/> <input type="checkbox"/> Handwashing sinks, accessible & supplies		Utensils, Equipment and Vending			
33 <input type="checkbox"/> <input type="checkbox"/> Food obtained from approved source		47 <input type="checkbox"/> <input type="checkbox"/> Food & non-food contact surfaces			
34 <input type="checkbox"/> <input type="checkbox"/> Food received at proper temperature		48 <input type="checkbox"/> <input type="checkbox"/> Warewashing: installed, maintained, used; test strips			
35 <input type="checkbox"/> <input type="checkbox"/> Food in good condition, safe, & unadulterated		49 <input type="checkbox"/> <input type="checkbox"/> Non-food contact surfaces clean			
36 <input type="checkbox"/> <input type="checkbox"/> Shellstock tags & parasite destruction		Physical Facilities			
37 <input type="checkbox"/> <input type="checkbox"/> Hands clean & properly washed		50 <input type="checkbox"/> <input type="checkbox"/> Hot & cold water available; under pressure			
38 <input type="checkbox"/> <input type="checkbox"/> No bare hand contact with RTE food		51 <input type="checkbox"/> <input type="checkbox"/> Plumbing installed; proper backflow devices			
39 <input type="checkbox"/> <input type="checkbox"/> Handwashing sinks, accessible & supplies		52 <input type="checkbox"/> <input type="checkbox"/> Sewage & waste water properly disposed			
40 <input type="checkbox"/> <input type="checkbox"/> Food obtained from approved source		53 <input type="checkbox"/> <input type="checkbox"/> Toilet facilities: supplied & cleaned			
41 <input type="checkbox"/> <input type="checkbox"/> Food received at proper temperature		54 <input type="checkbox"/> <input type="checkbox"/> Garbage & refuse disposal			
42 <input type="checkbox"/> <input type="checkbox"/> Food in good condition, safe, & unadulterated		55 <input type="checkbox"/> <input type="checkbox"/> Facilities installed, maintained, & clean			
43 <input type="checkbox"/> <input type="checkbox"/> Shellstock tags & parasite destruction		56 <input type="checkbox"/> <input type="checkbox"/> Ventilation & lighting			
44 <input type="checkbox"/> <input type="checkbox"/> Hands clean & properly washed		57 <input type="checkbox"/> <input type="checkbox"/> Permit; Fees; Application; Plans			
45 <input type="checkbox"/> <input type="checkbox"/> No bare hand contact with RTE food					
46 <input type="checkbox"/> <input type="checkbox"/> Handwashing sinks, accessible & supplies					

Person in Charge (Print & Signature) <u>Debbie Yagid</u>	Date: <u>11-27-18</u>
Inspector (Print & Signature) <u>Justin R. Soukka</u>	Phone: <u>352-540-6547</u>

