

Food Establishment Inspection Report

Facility Type:
 Bar/Lounge
 Domestic Violence
 Intermediate Care DD
 PPEC
 Recreational Camp
 Short-term Res Treat
 Adult Day Care
 Civic
 Fraternal Org.
 Migrant Housing
 Residential Treatment Fac.
 Transitional Living Fac
 Afterschool Meal Prog
 Crisis Stabilization Unit
 Home for Special Services
 Movie Theater
 School
 Assisted Living
 Detention Fac.
 Hospice
 PPEC
 Recreational Camp
 Short-term Res Treat
 Residential Treatment Fac.
 Transitional Living Fac

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

Name of Establishment: *Springstead High School* **RESULTS:** Satisfactory Unsatisfactory Incomplete Closure Out of Business
Address: *3300 Mainway Blvd.* **City:** *Spring Hill* **Correct by:** Next Routine Inspection 8 A.M. on _____ (Date) **Stop Sale Issued:** _____
ZIP Code: *34609* **Name of Person in Charge:** *Debbie Allison* **Person in Charge Email:** _____
Telephone: *(352) 947-7010* **Date (MM/DD/YY):** *11/28/18* **Begin Time AM/PM:** *10:05 AM* **End Time AM/PM:** *10:45 AM* **Permit Number:** *27-18-00024* **Position Number:** *51454* **Number of Risk Factors/Intervention Violations Marked "OUT" (Items 1-29):** *0* **Number of Repeat Violations (1-57 R):** *0*

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"/>	<input type="checkbox"/>	<input type="checkbox"/>	Demonstration of Knowledge/Training		
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certified Manager/Person in Charge present		
Employee Health							
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Knowledge, responsibilities and reporting		
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of restriction and exclusion		
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Responding to vomiting & diarrheal events		
Good Hygienic Practices							
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco use		
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose, and mouth		
Preventing Contamination by Hands							
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean & properly washed		
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No bare hand contact with RTE food		
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Handwashing sinks, accessible & supplies		
Approved Source							
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source		
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food received at proper temperature		
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe, & unadulterated		
14	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated & protected; single-use gloves		
16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces; cleaned & sanitized		
17	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Proper disposal of unsafe food		
Time/Temperature Control for Safety							
18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Cooking time & temperatures		
19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Reheating procedures for hot holding		
20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cooling time and temperature		
21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Hot holding temperatures		
22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cold holding temperatures		
23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Date marking and disposition		
24	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Time as PHC; procedures & records		
Consumer Advisory							
25	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Advisory for raw/undercooked food		
Highly Susceptible Populations							
26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized foods used; No prohibited foods		
Additives and Toxic Substances							
27	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food additives; approved & properly used		
28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances identified, stored, & used		
Approved Procedures							
29	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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.

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.

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

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

Person in Charge (Print & Signature): *Debbie Allison* **Date:** *11-28-18*
Inspector (Print & Signature): *Justin R. Saucko* **Phone:** *(352) 540-6347*

Food Establishment Inspection Report

Name of Establishment:

Springstead High School

Permit Number:

27-48-00029

Date:

11/29/18

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Cheese - Cooler	35°F			Milk - Line Cooler	36°F
Plums - Cooler	38°F			Juice - Line Cooler	38°F
Spinach - Cooler	36°F			Creamer - Cold Cooler	36°F
Sliced Turkey - Cooler	40°F				

OBSERVATIONS AND CORRECTIVE ACTIONS

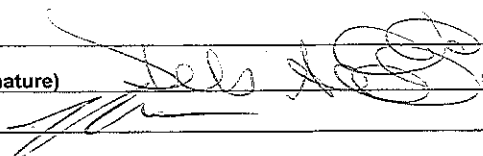
Violations cited in this report must be corrected

Violation Number

NOTE Inspection during lunch prep.

44. Dry pans thoroughly. Wet nesting of pans.

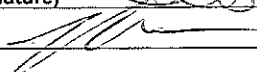
Person in Charge (Signature)



Date

11-28-18

Inspector (Signature)



Date

11/29/18

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