


# 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>Winding Waters K-5</u>				<b>RESULTS:</b>		<b>Correct by:</b>	
<b>Address:</b> <u>12240 Vespa Way</u>				<input checked="" type="checkbox"/> Satisfactory		<input type="checkbox"/> Next Routine Inspection	
<b>City:</b> <u>Weeki Wachee</u>				<input type="checkbox"/> Unsatisfactory		<input type="checkbox"/> 8 A.M. on _____	
<b>ZIP Code:</b> <u>34614</u>		<b>Name of Person in Charge:</b> <u>Jackie Nelson</u>		<input type="checkbox"/> Incomplete		<b>Stop Sale Issued</b>	
<b>Telephone:</b> <u>(352) 797-7092</u>		<b>Person in Charge Email:</b>		<input type="checkbox"/> Closure		<b>Number of Risk Factors/Intervention Violations Marked "OUT" (Items 1-29)</b> <u>0</u>	
<b>Date (MM/DD/YY):</b> <u>11/16/18</u>		<b>Begin Time AM/PM:</b> <u>1025 Am</u>		<b>End Time AM/PM:</b> <u>1115 Am</u>		<b>Number of Repeat Violations (1-57 R)</b> <u>0</u>	
<b>Permit Number:</b> <u>27-48-1359343</u>		<b>Position Number:</b> <u>51454</u>		<input type="checkbox"/> Out of Business			

### 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
<b>Supervision</b>			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 Demonstration of Knowledge/Training		15 Food separated & protected; single-use gloves	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Certified Manager/Person in Charge present		16 Food-contact surfaces; cleaned & sanitized	
<b>Employee Health</b>			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Knowledge, responsibilities and reporting		17 Proper disposal of unsafe food	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Time/Temperature Control for Safety</b>	
4 Proper use of restriction and exclusion		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	18 Cooking time & temperatures	
5 Responding to vomiting & diarrheal events		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Good Hygienic Practices</b>			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	19 Reheating procedures for hot holding	
6 Proper eating, tasting, drinking, or tobacco use		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	20 Cooling time and temperature	
7 No discharge from eyes, nose, and mouth		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Preventing Contamination by Hands</b>			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	21 Hot holding temperatures	
8 Hands clean & properly washed		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	22 Cold holding temperatures	
9 No bare hand contact with RTE food		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	23 Date marking and disposition	
10 Handwashing sinks, accessible & supplies		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Approved Source</b>			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	24 Time as PHC, procedures & records	
11 Food obtained from approved source		<b>Consumer Advisory</b>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	25 Advisory for raw/undercooked food	
12 Food received at proper temperature		<b>Highly Susceptible Populations</b>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	26 Pasteurized foods used; No prohibited foods	
13 Food in good condition, safe, & unadulterated		<b>Additives and Toxic Substances</b>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	27 Food additives; approved & properly used	
14 Shellstock tags & parasite destruction		<input checked="" type="checkbox"/>	<input type="checkbox"/>
		28 Toxic substances identified, stored, & used	
<b>Approved Procedures</b>			
<input type="checkbox"/>	<input checked="" 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.

IN		OUT		N/A		N/O		COS		R	
<b>Safe Food and Water</b>											
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30 Pasteurized eggs used where required		43 Utensils: properly stored		44 Equipment & linens: stored, dried, & handled		45 Single-use/single-service articles: stored & used		46 Splash-resistant/cloth gloves used properly		47 Utensils, Equipment and Vending	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31 Water & ice from approved source		48 Warewashing: installed, maintained, used; test strips		49 Non-food contact surfaces clean		50 Hot & cold water available; under pressure		51 Plumbing installed; proper backflow devices		52 Sewage & waste water properly disposed	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32 Variance obtained for special processing		53 Toilet facilities: supplied & cleaned		54 Garbage & refuse disposal		55 Facilities installed, maintained, & clean		56 Ventilation & lighting		57 Permit; Fees; Application; Plans	
<b>Food Temperature Control</b>											
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33 Proper cooling methods; adequate equipment		58 Food & non-food contact surfaces		59 Wiping cloths: properly used & stored		60 Washing fruits & vegetables		61 Insects, rodents, & animals not present		62 No Contamination (preparation, storage, display)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34 Plant food properly cooked for hot holding		63 Personal cleanliness		64 Food properly labeled; original container		65 Prevention of Food Contamination		66 Insects, rodents, & animals not present		67 No Contamination (preparation, storage, display)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35 Approved thawing methods		68 Wiping cloths: properly used & stored		69 Washing fruits & vegetables		70 Insects, rodents, & animals not present		71 No Contamination (preparation, storage, display)		72 Personal cleanliness	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36 Thermometers provided & accurate		73 Wiping cloths: properly used & stored		74 Washing fruits & vegetables		75 Insects, rodents, & animals not present		76 No Contamination (preparation, storage, display)		77 Personal cleanliness	
<b>Food Identification</b>											
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37 Food properly labeled; original container		78 Wiping cloths: properly used & stored		79 Washing fruits & vegetables		80 Insects, rodents, & animals not present		81 No Contamination (preparation, storage, display)		82 Personal cleanliness	
<b>Prevention of Food Contamination</b>											
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38 Insects, rodents, & animals not present		83 Wiping cloths: properly used & stored		84 Washing fruits & vegetables		85 Insects, rodents, & animals not present		86 No Contamination (preparation, storage, display)		87 Personal cleanliness	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39 No Contamination (preparation, storage, display)		88 Wiping cloths: properly used & stored		89 Washing fruits & vegetables		90 Insects, rodents, & animals not present		91 No Contamination (preparation, storage, display)		92 Personal cleanliness	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 Personal cleanliness		93 Wiping cloths: properly used & stored		94 Washing fruits & vegetables		95 Insects, rodents, & animals not present		96 No Contamination (preparation, storage, display)		97 Personal cleanliness	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41 Wiping cloths: properly used & stored		98 Wiping cloths: properly used & stored		99 Washing fruits & vegetables		100 Insects, rodents, & animals not present		101 No Contamination (preparation, storage, display)		102 Personal cleanliness	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42 Washing fruits & vegetables		103 Wiping cloths: properly used & stored		104 Washing fruits & vegetables		105 Insects, rodents, & animals not present		106 No Contamination (preparation, storage, display)		107 Personal cleanliness	

**Person in Charge (Print & Signature)** Jackie Nelson **Date:** 11/16/18

**Inspector (Print & Signature)** Justin R. Sawicko **Phone:** (352) 540-6847

