#### **STATE OF FLORIDA** DEPARTMENT OF HEALTH **COUNTY HEALTH DEPARTMENT FOOD SERVICE INSPECTION REPORT**



## **Facility Information**

#### **RESULT:** Satisfactory

Permit Number: 27-48-00029 Name of Facility: Springstead High School Address: 3300 Mariner Boulevard City, Zip: Spring Hill 34609

Type: School (more than 9 months) Owner: Hernando County School Board Person In Charge: Debbie Ventresca Phone: (352) 797-7028 PIC Email: ventresca\_d@hcsb.k12.fl.us

#### **Inspection Information**

Purpose: Routine Inspection Date: 5/26/2021 Correct By: Next Inspection **Re-Inspection Date: None**  Number of Risk Factors (Items 1-29): 1 Number of Repeat Violations (1-57 R): 0 FacilityGrade: N/A StopSale: No

Begin Time: 08:45 AM End Time: 09:35 AM

Marking Key: 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; COS=violation corrected on site; R=repeat violation from previous inspection

# **FoodBorne Illness Risk Factors And Public Health Interventions**

#### SUPERVISION

- IN 1. Demonstration of Knowledge/Training
- N 2. Certified Manager/Person in charge present EMPLOYEE HEALTH
- IN 3. Knowledge, responsibilities and reporting
- IN 4. Proper use of restriction and exclusion
- IN 5. Responding to vomiting & diarrheal events GOOD HYGIENIC PRACTICES
- NO 6. Proper eating, tasting, drinking, or tobacco use
- 7. No discharge from eyes, nose, and mouth PREVENTING CONTAMINATION BY HANDS
- IN 8. Hands clean & properly washed
- IN 9. No bare hand contact with RTE food
- OUT 10. Handwashing sinks, accessible & supplies APPROVED SOURCE
  - IN 11. Food obtained from approved source
- NO 12. Food received at proper temperature
- IN 13. Food in good condition, safe, & unadulterated
- 14. Shellstock tags & parasite destruction NA

## PROTECTION FROM CONTAMINATION

IN 15. Food separated & protected; Single-use gloves

- IN 16. Food-contact surfaces; cleaned & sanitized
- IN 17. Proper disposal of unsafe food TIME/TEMPERATURE CONTROL FOR SAFETY
- 18. Cooking time & temperatures
- NO 19. Reheating procedures for hot holding
- IN 20. Cooling time and temperature
- IN 21. Hot holding temperatures IN 22. Cold holding temperatures
- IN 23. Date marking and disposition NA 24. Time as PHC; procedures & records CONSUMER ADVISORY
- NA 25. Advisory for raw/undercooked food HIGHLY SUSCEPTIBLE POPULATIONS
- IN 26. Pasteurized foods used; No prohibited foods
- ADDITIVES AND TOXIC SUBSTANCES
- IN 27. Food additives: approved & properly used
- 28. Toxic substances identified, stored, & used IN APPROVED PROCEDURES
- NA 29. Variance/specialized process/HACCP

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**Client Signature:** 

P. Chla Kentres

Form Number: DH 4023 03/18

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# **Good Retail Practices**

#### SAFE FOOD AND WATER

- IN 30. Pasteurized eggs used where required
- IN 31. Water & ice from approved source
- NA 32. Variance obtained for special processing
- FOOD TEMPERATURE CONTROL
- IN 33. Proper cooling methods; adequate equipment
- IN 34. Plant food properly cooked for hot holding
- IN 35. Approved thawing methods
- IN 36. Thermometers provided & accurate FOOD IDENTIFICATION
- IN 37. Food properly labeled; original container PREVENTION OF FOOD CONTAMINATION
- IN 38. Insects, rodents, & animals not present
- **IN** 39. No Contamination (preparation, storage, display)
- IN 40. Personal cleanliness
- IN 41. Wiping cloths: properly used & stored
- NO 42. Washing fruits & vegetables
  - PROPER USE OF UTENSILS
  - N 43. In-use utensils: properly stored
- IN 44. Equipment & linens: stored, dried, & handled
- N 45. Single-use/single-service articles: stored & used

- NA 46. Slash resistant/cloth gloves used properly UTENSILS, EQUIPMENT AND VENDING
- IN 47. Food & non-food contact surfaces
- N 48. Ware washing: installed, maintained, & used; test strips
- IN 49. Non-food contact surfaces clean
- PHYSICAL FACILITIES
- IN 50. Hot & cold water available; adequate pressure
- IN 51. Plumbing installed, proper backflow devices
- IN 52. Sewage & waste water properly disposed
- N 53. Toilet facilities: supplied, & cleaned
- N 54. Garbage & refuse disposal
- IN 55. Facilities installed, maintained, & clean
- IN 56. Ventilation & lighting
- IN 57. Permit; Fees; Application; Plans

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.

#### **Violations Comments**

Violation #10. Handwashing sinks, accessible & supplies

Hand sinks in salad prep area missing paper towel dispenser on southern side. Paper towel dispenser on northern side does not have paper towel in stock that fits this type (odd sized from rest in the kitchen). Add dispenser on both walls so that hand sinks properly supplied are available in salad prep area. CODE REFERENCE: 64E-11.003(5)(d). Handwashing sinks are properly equipped with hand soap, individual disposable towels or hand drying device, and signage; and conveniently located.

**Inspector Signature:** 

**Client Signature:** 

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# **General Comments**

Inspection during lunch prep.

Walk In Cooler: Salad 51 packaged and placed in cooler 830am (cooling) Taco meat 56 placed in cooler in 815 (cooling). Sour cream 34 Sliced Cheese 33 Bacon 35 Milk 35 Juice 34

Reach In Warmer: Tater Tots 143 Chicken 193

Reach in Cooler: Sliced cheese 32 Dressing 32

Reach in warmer line: Chicken bowl 143

Reach in cooler line: Milk 41 Tea 41

Email Address(es): ventresca\_d@hcsb.k12.fl.us; lawson\_m@hcsb.k12.fl.us

Inspection Conducted By: Justin Saukko (51454) Inspector Contact Number: Work: (352) 540-6800 ex. 82147 Print Client Name: D Ventresca Date: 5/26/2021

**Inspector Signature:** 

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**Client Signature:** 

D. epla Kenters

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