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



# **Facility Information**

## **RESULT:** Satisfactory

Permit Number: 27-48-00085 Name of Facility: Chocachatti Elementary School Address: 4135 California Street City, Zip: Brooksville 34604

Type: School (more than 9 months) Owner: Hernando County School Board Person In Charge: White, Patti Phone: (352) 797-7028 PIC Email: ward w@hcsb.k12.fl.us

## **Inspection Information**

Purpose: Routine Inspection Date: 10/4/2021 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: 10:00 AM End Time: 10:30 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
- IN 6. Proper eating, tasting, drinking, or tobacco use T. 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
- IN 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
- NA 14. Shellstock tags & parasite destruction

## PROTECTION FROM CONTAMINATION

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

- IN 16. Food-contact surfaces; cleaned & sanitized
- NO 17. Proper disposal of unsafe food TIME/TEMPERATURE CONTROL FOR SAFETY
- NO 18. Cooking time & temperatures
- NO 19. Reheating procedures for hot holding
- NO 20. Cooling time and temperature
- IN 21. Hot holding temperatures
- OUT 22. Cold holding temperatures
  - IN 23. Date marking and disposition N 24. Time as PHČ; 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

Inspector	Signature:
-----------	------------

A Mai

**Client Signature:** 

- ani

Form Number: DH 4023 03/18

27-48-00085 Chocachatti Elementary School

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



# **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
- NO 33. Proper cooling methods; adequate equipment
- NO 34. Plant food properly cooked for hot holding
- IN 35. Approved thawing methods
- N 36. Thermometers provided & accurate FOOD IDENTIFICATION
- 37. Food properly labeled; original container IN 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
- IN 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
- IN 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
- IN 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 #22. Cold holding temperatures

Observed tukey sliders in pass thru cooler above 41 degrees. Ensure PHF/TCS foods, which are held cold, and not subject to an approved HACCP plan, must be maintained at 41°F.

CODE REFERENCE: 64E-11.003(2). PHF/TCS foods, which are held cold, and not subject to an approved HACCP plan, must be maintained at 41°F.

## **General Comments**

Lunch being served at time of inspection

Pass thru warmer breakfast pizza 139 curly fries 147 OJ 38

Pass thru cooler turkey sliders 56. Food prepped one hour ago.

Walk-in Cooler turkev slider 39 cheese 40 donut sticks 26

Email Address(es): ward w@hcsb.k12.fl.us: white\_p@hcsb.k12.fl.us

**Inspector Signature:** 

Ah Shai

**Client Signature:** 

- ani

Form Number: DH 4023 03/18

27-48-00085 Chocachatti Elementary School

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



Inspection Conducted By: Shawn Sombutmai (49765) Inspector Contact Number: Work: (352) 540-6800 ex. Print Client Name: Ann Date: 10/4/2021

**Inspector Signature:** 

Ah Sha

Client Signature:

 $- \alpha$ ~ ^ · N

Form Number: DH 4023 03/18

27-48-00085 Chocachatti Elementary School