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



**RESULT:** Satisfactory **Facility Information** 

Permit Number: 27-48-00160 Name of Facility: Explorer K-8 Address: 10252 Northcliffe Boulevard

City, Zip: Spring Hill 34608

Type: School (more than 9 months) Owner: Hernando County School Board

Person In Charge: Deanna Phone: (352) 797-7028

PIC Email: jorgensen\_k@hcsb.k12.fl.us

# **Inspection Information**

Purpose: Routine Number of Risk Factors (Items 1-29): 0 Begin Time: 10:30 AM Inspection Date: 1/24/2022 Number of Repeat Violations (1-57 R): 0 End Time: 11:00 AM

Correct By: None FacilityGrade: N/A Re-Inspection Date: None StopSale: No

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
- N 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
- N 7. No discharge from eyes, nose, and mouth PREVENTING CONTAMINATION BY HANDS
- IN 8. Hands clean & properly washed
- 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
- 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

- 18. Cooking time & temperatures
- IN 19. Reheating procedures for hot holding
- IN 20. Cooling time and temperature
- **IN** 21. Hot holding temperatures
- N 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 SÚSCEPTIBLE 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
  - APPROVED PROCEDURES
- NA 29. Variance/specialized process/HACCP

**Inspector Signature:** 

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Form Number: DH 4023 03/18 27-48-00160 Explorer K-8 **Client Signature:** 

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# **Good Retail Practices**

#### SAFE FOOD AND WATER

NO 30. Pasteurized eggs used where required

N 31. Water & ice from approved source

NA 32. Variance obtained for special processing

#### FOOD TEMPERATURE CONTROL

**IN** 33. Proper cooling methods; adequate equipment

NO 34. Plant food properly cooked for hot holding

IN 35. Approved thawing methods

**IN** 36. Thermometers provided & accurate

#### FOOD IDENTIFICATION

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

IN 42. Washing fruits & vegetables

# PROPER USE OF UTENSILS

IN 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

N 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

N 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**

No Violation Comments Available

# **General Comments**

Lunch being served at time of inspection

Walk-in Cooler milk 38 cheery tomato 39 french fries 27 pizza 35 cheese 32

Serving Line chicken sandwich 158 sasauge 135 bacon 135 sliced oranges 39 waffles 165 french fries 135

Email Address(es): jorgensen\_k@hcsb.k12.fl.us;

ward\_w@hcsb.k12.fl.us

**Inspector Signature:** 

Ah Alle

**Client Signature:** 

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# 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: Deanna

Date: 1/24/2022

**Inspector Signature:** 

Ah Alle

Form Number: DH 4023 03/18 27-48-00160 Explorer K-8

Client Signature: