

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



**Facility Information**

**RESULT: Satisfactory**

Permit Number: 27-48-00034  
Name of Facility: John D. Floyd Elementary School  
Address: 3139 Dumont Avenue  
City, Zip: Spring Hill 34609  
  
Type: School (more than 9 months)  
Owner: Hernando County School Board  
Person In Charge: Ward, William Phone: (352) 797-7028  
PIC Email: Ward\_j@hcsb.k12.fl.us

**Inspection Information**

|                            |   |                      |
|----------------------------|---|----------------------|
| Purpose: Routine           | Number of Risk Factors (Items 1-29): 0  | Begin Time: 10:05 AM |
| Inspection Date: 1/30/2023 | Number of Repeat Violations (1-57 R): 0 | End Time: 10:33 AM   |
| Correct By: None           | Facility Grade: N/A                     |                      |
| Re-Inspection Date: None   | Stop Sale: 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
- IN 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
- IN 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
- IN 10. Handwashing sinks, accessible & supplies

**APPROVED SOURCE**

- IN 11. Food obtained from approved source
- IN 12. Food received at proper temperature
- IN 13. Food in good condition, safe, & unadulterated
- IN 14. Shellstock tags & parasite destruction

**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**

- IN 18. Cooking time & temperatures
- IN 19. Reheating procedures for hot holding
- IN 20. Cooling time and temperature

- NO 21. Hot holding temperatures

- NO 22. Cold holding temperatures

- IN 23. Date marking and disposition

- IN 24. Time as PHC; procedures & records

**CONSUMER ADVISORY**

- IN 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

- IN 28. Toxic substances identified, stored, & used

**APPROVED PROCEDURES**

- NA 29. Variance/specialized process/HACCP

Inspector Signature:

Client Signature:

Form Number: DH 4023 03/18

27-48-00034 John D. Floyd Elementary School

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**Good Retail Practices**

**SAFE FOOD AND WATER**

- ☒ 30. Pasteurized eggs used where required
- ☒ 31. Water & ice from approved source
- ☒ 32. Variance obtained for special processing

**FOOD TEMPERATURE CONTROL**

- ☒ 33. Proper cooling methods; adequate equipment
- ☒ 34. Plant food properly cooked for hot holding
- ☒ 35. Approved thawing methods
- ☒ 36. Thermometers provided & accurate

**FOOD IDENTIFICATION**

- ☒ 37. Food properly labeled; original container

**PREVENTION OF FOOD CONTAMINATION**

- ☒ 38. Insects, rodents, & animals not present
- ☒ 39. No Contamination (preparation, storage, display)
- ☒ 40. Personal cleanliness
- ☒ 41. Wiping cloths: properly used & stored
- ☒ 42. Washing fruits & vegetables

**PROPER USE OF UTENSILS**

- ☒ 43. In-use utensils: properly stored
- ☒ 44. Equipment & linens: stored, dried, & handled
- ☒ 45. Single-use/single-service articles: stored & used

- ☒ 46. Slash resistant/cloth gloves used properly

**UTENSILS, EQUIPMENT AND VENDING**

- ☒ 47. Food & non-food contact surfaces
- ☒ 48. Ware washing: installed, maintained, & used; test strips
- ☒ 49. Non-food contact surfaces clean

**PHYSICAL FACILITIES**

- ☒ 50. Hot & cold water available; adequate pressure
- ☒ 51. Plumbing installed; proper backflow devices
- ☒ 52. Sewage & waste water properly disposed
- ☒ 53. Toilet facilities: supplied, & cleaned
- ☒ 54. Garbage & refuse disposal
- ☒ 55. Facilities installed, maintained, & clean
- ☒ 56. Ventilation & lighting
- ☒ 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**

Did not observe food preparation. Freezer at -2F, Fridge at 38F. Cold holding at 38F and hot holding at 148F. NO violations at time of inspection. All proper food handling protocol used.

Email Address(es): ward\_w@hcsb.k12.fl.us;  
Nelson\_j@hcsb.k12.fl.us

Inspection Conducted By: Kiana Ramos (082870)  
Inspector Contact Number: Work: (352) 540-6800 ex.  
Print Client Name: Jackie  
Date: 1/30/2023

Inspector Signature:

Client Signature: