

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: Brown, Julie Phone: (352) 797-7028
PIC Email: brown_j1@hcsb.k12.fl.us

Inspection Information

Purpose: Routine
Inspection Date: 7/14/2022
Correct By: None
Re-Inspection Date: None

Number of Risk Factors (Items 1-29): 0
Number of Repeat Violations (1-57 R): 0
Facility Grade: N/A
Stop Sale: No

Begin Time: 01:15 PM
End Time: 01:30 PM

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

- NO** 8. Hands clean & properly washed
- NO** 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
- NO** 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
- 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

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Good Retail Practices

SAFE FOOD AND WATER

- NO** 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
NO 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

- 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
IN 51. Plumbing installed; proper backflow devices
IN 52. Sewage & waste water properly disposed
IN 53. Toilet facilities: supplied, & cleaned
IN 54. Garbage & refuse disposal
NA 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

No Violation Comments Available

General Comments

no cooking at time of inspection

dressings 41
OJ 32

Email Address(es): brown_j1@hcsb.k12.fl.us;
ward_w@hcsb.k12.fl.us

Inspection Conducted By: Shawn Sombutmai (49765)
Inspector Contact Number: Work: (352) 540-6800 ex.
Print Client Name: Julie
Date: 7/14/2022

Inspector Signature:

Client Signature:

Form Number: DH 4023 03/18

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