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



1 of 2

Facility Information

Permit Number: 51-48-00207

Name of Facility: Land O Lakes High School

Address: 20325 Gator Lane City, Zip: Land O' Lakes 34639

Type: School (9 months or less) Owner: Pasco County School Board

Person In Charge: Wall, George Josh Zappe FNS Mgr Phone: (813) 794-9478

Inspection Information

Purpose: Routine Begin Time: 11:45 AM Inspection Date: 10/19/2016 End Time: 12:45 PM

Additional Information

No Additional Information Available

Items marked below violate the requirements of Chapter 64E-11 of the Florida Administrative Code and must be corrected. Continued operation of this facility without making these corrections is a violation of Chapter 64E-11, Florida Administrative Code and Chapters 381 and 386, Florida Statutes. Violations must be corrected by the date and time indicated in the Results section above or an administrative fine or other legal action will be initiated.

Violation Markings

FOOD SUPPLIES

1. Sources, etc.

FOOD PROTECTION 2. Stored temperature

3. No further cooking/Rapid cooling

4. Thawing

5. Raw fruits

6. Pork cooking

7. Poultry cooking

8. Other animal cooking

9. Least contact/Reheating

10. Food container

11. Buffet requirements

12. Self-service condiments

13. Reservice of food

14. Sneeze guards

15. Transportation of food 16. Poisonous/Toxic materials

PERSONNEL

17. Exclusion of personnel

18. Cleanliness

19. Tobacco use

X 20. Handwashing

21. Handling of dishware

EQUIPMENT/UTENSILS

X 22. Refrigeration facilities/Thermometers

23. Sinks

24. Ice storage/Counter-protector

25. Ventilation/Storage/Sufficient equipment

26. Dishwashing facilities

27. Design and fabrication

28. Installation and location

29. Cleanliness of equipment

30. Methods of washing

SANITARY FACILITIES AND CONTROLS

31. Water supply

32. Ice

33. Sewage

34. Plumbing

35. Toilet facilities

36. Handwashing facilities

X 37. Garbage disposal

38. Vermin control

OTHER FACILITIES AND OPERATIONS

39. Other facilities and operations

RESULT: Satisfactory

Correct By: Next Inspection

Re-Inspection Date: None

TEMPORARY FOOD SERVICE EVENTS

40. Temporary food service events

VENDING MACHINES 41. Vending machines

MANAGER CERTIFICATION

42. Manager certification

CERTIFICATES AND FEES

43. Certificates and fees

INSPECTION/ENFORCEMENT

44. Inspection/Enforcement

General Comments

No General Comments Available

Email Address(es): gwall@pasco.k12.fl.us;

jzappe@pasco.k12.fl.us; bburgess@pasco.k12.fl.us; jhiggins@Pasco.k12.fl.us

Inspector Signature:

Client Signature:

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Form Number: DH 4023 01/05 51-48-00207 Land O Lakes High School

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Violations Comments

Violation #20. Handwashing

Hand wash sink by the staff bathroom entrance needs hot water. Not there after running for a couple of minutes. Being addressed during inspection. Other prep sink close to manager's office-adequate.

CODE REFERENCE: Washing Hands. 64E-11.005(5). Employees will wash their hands after: using the toilet, handling soiled equipment, coughing or using tobacco, eating, etc.

Violation #22. Refrigeration facilities/Thermometers

Provide thermometer visible at reach in refrigerator interior near preparation area. Built in gauge very sensitive, on 55F, upon opening, from the warm kitchen. Altoshaam umit A la carte built in and internal - both gauges out of order. Tested food temp at 146 F- Ok.

CODE REFERENCE: Refrigerators. 64E-11.006(1), (1)(a). There will be sufficient, working, refrigerators. Each refrigerator will have a working thermometer.

Violation #37. Garbage disposal

Open trash containers-3. Check bottom of first blue dumpster for leaks.

CODE REFERENCE; Garbage. 64E-11.007(6). Garbage will be disposed of to prevent vector harborage. Garbage containers will be leak proof. Outside storage will be on top of a smooth nonabsorbent material.

Inspection Conducted By: Mary Bayandrian (61970) Inspector Contact Number: Work: (813) 345-3285 ex.

Print Client Name: Date: 10/19/2016

Inspector Signature:

may Bondon

Client Signature:

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