

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



1 of 2

Facility Information

RESULT: Satisfactory

Permit Number: 51-48-00219
Name of Facility: Pasco High School
Address: 36850 S R 52
City, Zip: Dade City 33525

Correct By: Next Inspection
Re-Inspection Date: None

Type: School (9 months or less)
Owner: Pasco County School Board
Person In Charge: Sheila Helms Phone: (352) 567-6721

Inspection Information

Purpose: Routine
Inspection Date: 4/24/2017

Begin Time: 10:30 AM
End Time: 11:15 AM

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	17. Exclusion of personnel	34. Plumbing
1. Sources, etc.	18. Cleanliness	35. Toilet facilities
FOOD PROTECTION	19. Tobacco use	36. Handwashing facilities
2. Stored temperature	20. Handwashing	37. Garbage disposal
3. No further cooking/Rapid cooling	21. Handling of dishware	38. Vermin control
4. Thawing	EQUIPMENT/UTENSILS	OTHER FACILITIES AND OPERATIONS
5. Raw fruits	22. Refrigeration facilities/Thermometers	X 39. Other facilities and operations
6. Pork cooking	23. Sinks	TEMPORARY FOOD SERVICE EVENTS
7. Poultry cooking	X 24. Ice storage/Counter-protector	40. Temporary food service events
8. Other animal cooking	25. Ventilation/Storage/Sufficient equipment	VENDING MACHINES
9. Least contact/Reheating	26. Dishwashing facilities	41. Vending machines
10. Food container	27. Design and fabrication	MANAGER CERTIFICATION
11. Buffet requirements	28. Installation and location	42. Manager certification
12. Self-service condiments	29. Cleanliness of equipment	CERTIFICATES AND FEES
13. Reservice of food	30. Methods of washing	43. Certificates and fees
14. Sneeze guards	SANITARY FACILITIES AND CONTROLS	INSPECTION/ENFORCEMENT
15. Transportation of food	31. Water supply	44. Inspection/Enforcement
16. Poisonous/Toxic materials	32. Ice	
PERSONNEL	33. Sewage	

Inspector Signature:

Amelia Dancy

Client Signature:

Sheila Helms

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General Comments

Satisfactory inspection at this time.

The facility was serving lunch at time of the inspection.

The hot holding and cold holding units are within temperature range.

Cheese burger was at 152.8 degrees, Cuban sandwich was at 27.1 degrees, Pizza with peperoni was at 160.9 degrees, Chicken Tenders was at 174 degrees, Potatoes was at 170 degrees, and Pulled barbeque was at 141 degrees.

Milk was at 24 degrees and side salad was at 30 degrees

Wash sink was at 104 degrees, rinse was at 99 degrees, and sanitize sink was at 80 degrees.

Sanitize sink was at 400ppm and sanitize bucket was at 200ppm.

Handwash sink at 112 degrees.

Previous violation # 39 has been corrected.

Email Address(es): bburgess@pasco.k12.fl.us;
shelms@pasco.k12.fl.us;
rmesser@pasco.k12.fl.us

Violations Comments

Violation #24. Ice storage/Counter-protector

The filter in the ice dispenser needs to be changed.

CODE REFERENCE: Storage. 64E-11.006(l)(c)-(e). There shall be sufficient, cabinets, water dispensing devices, storage for single service articles.

Violation #39. Other facilities and operations

The water in the mop sink is overflowing causing a flood in the washing area. Also, the facet is leaking. Please repair.

CODE REFERENCE: Other Facilities. 64E-11.008. Floors, walls, and ceilings shall be smooth and washable. 20 foot candles of light shall be provided. Adequate ventilation shall be provided. A mop sink or garbage can wash down will be provided. No living quarter shall open to the facility. No live animals. Exterior area shall be kept clean.

Inspection Conducted By: Pamela Dancey (35287)
Inspector Contact Number: Work: 352-521-1450 ext. 6164
Print Client Name:
Date: 4/24/2017

Inspector Signature:

Handwritten signature of Pamela Dancey.

Client Signature:

Handwritten signature of Sarah Helms.