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



1 of 2

Facility Information

Permit Number: 51-48-1591036 Name of Facility: Sunlake High School Baseball Concession (Level 2) Address: 3023 Sunlake Boulevard City, Zip: Land O Lakes 34638

Type: School (9 months or less) Owner: District School Board of Pasco County Person In Charge: District School Board of Pasco County Phone: (813) 794-0100

Inspection Information

Purpose: Routine Inspection Date: 8/22/2017

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
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	39. Other facilities and operations
6. Pork cooking	23. Sinks	TEMPORARY FOOD SERVICE EVENTS
Poultry cooking	Ice storage/Counter-protector	40. Temporary food service events
Other animal cooking	25. Ventilation/Storage/Sufficient equipment	VENDING MACHINES
Least contact/Reheating	26. Dishwashing facilities	41. Vending machines
10. Food container	27. Design and fabrication	MANAGER CERTIFICATION
 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:

Nim

Form Number: DH 4023 01/05

Client Signature:

michael Clogd

RESULT: Satisfactory

Correct By: None **Re-Inspection Date: None**

Begin Time: 01:10 PM End Time: 01:40 PM

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General Comments

Note: Concession is currently not in operation- it will be deep cleaned and sanitized prior to opening.

HWS- has soap, paper towels, HW sign- provided / RIF- cold, has thermometer / RIC- has thermometer, RTE foods / microwave- not plugged in

FE October 2016

Remember to pay permit renewal fees by 9-30-17.

No violations observed at time of inspection.

Email Address(es): mcloyd@pasco.k12.fl.us; jdotoli@pasco.k12.fl.us; bburgess@pasco.k12.fl.us

Violations Comments

No Violation Comments Available

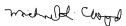
Inspection Conducted By: Rachel Wilkins (29088) Inspector Contact Number: 727-841-4425 opt. 5 Print Client Name: Date: 8/22/2017

Inspector Signature:

71 Will

Form Number: DH 4023 01/05

Client Signature:



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