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



1 of 2

### **Facility Information**

Permit Number: 51-48-01219

Name of Facility: Trinity Elementary School Address: 2209 Duck Slough Road City, Zip: New Port Richey 34655

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

Person In Charge: Pasco County School Board Phone: (727) 774-2189

RESULT: Satisfactory

Correct By: None

Re-Inspection Date: None

# **Inspection Information**

Purpose: Routine Begin Time: 08:20 AM Inspection Date: 8/30/2017 End Time: 09:05 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** 

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 food16. Poisonous/Toxic materials

PERSONNEL

17. Exclusion of personnel

18. Cleanliness

19. Tobacco use

20. Handwashing

21. Handling of dishware EQUIPMENT/UTENSILS

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

37. Garbage disposal

38. Vermin control

OTHER FACILITIES AND OPERATIONS

39. Other facilities and operations

TEMPORARY FOOD SERVICE EVENTS

40. Temporary food service events

VENDING MÁCHINES

41. Vending machines

MANAGER CERTIFICATION

42. Manager certification

CERTIFICATES AND FEES

43. Certificates and fees

INSPECTION/ENFORCEMENT

44. Inspection/Enforcement

**Inspector Signature:** 

7. Willan

Form Number: DH 4023 01/05

**Client Signature:** 

51-48-01219 Trinity Elementary School

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## **General Comments**

Note: Inspection occurred while a delivery truck was being put away.

4 HWS- has soap, paper towels, HW sign, temp > 100F / 1CS / 2CS / 4CS- quaternary ammonia sanitizer- have test strips, sink tested at 200ppm / WIC-clean, has thermometer, everything dated and labeled, food stored properly, milk 40F / WIF- cold, clean, has thermometer, everything dated and labeled, food stored properly / 3-door RIC- clean, has thermometer, everything dated and labeled, RTE foods / milk cooler- clean, has thermometer / ice cream freezer- cold, clean, has thermometer / dry storage okay- everything dated and labeled / 2 steam tables- clean, empty / ice machine- clean, with scoop stored properly in a clean bin next to ice machine / Cleveland soup pot and stockpot / 3 1-door Blodgett ovens / 2 Panasonic Pro II ovens / Steam n' Hold oven / 2 2-door Alto-Shaam ovens / designated mop sink- in a closet by entrance to kitchen, mops properly hanging to air dry / air curtain functional / dumpster lids closed / employee restroom- clean, lighting okay, HWS- has soap, paper towels, HW sign

2 FE June 2017

ServSafe for Andrea Scullin expires 11-3-2021, Cert. No. 14366116

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

No violations observed at time of inspection.

Email Address(es): dklingen@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: 8/30/2017

Inspector Signature:

7. WWan

Form Number: DH 4023 01/05

Client Signature:

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