

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



1 of 2

Facility Information

RESULT: Satisfactory

Permit Number: 51-48-01562
Name of Facility: Trinity Oaks Elementary School
Address: 1827 Trinity Oaks Boulevard
City, Zip: New Port Richey 34655

Correct By: None
Re-Inspection Date: None

Type: School (9 months or less)
Owner: Pasco County Schools
Person In Charge: School/Unk Phone: (727) 774-0900

Inspection Information

Purpose: Routine
Inspection Date: 8/30/2017

Begin Time: 11:50 AM
End Time: 12:35 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

<p>FOOD SUPPLIES 1. Sources, etc.</p> <p>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</p> <p>PERSONNEL</p>	<p>17. Exclusion of personnel 18. Cleanliness 19. Tobacco use 20. Handwashing 21. Handling of dishware</p> <p>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</p> <p>SANITARY FACILITIES AND CONTROLS 31. Water supply 32. Ice 33. Sewage</p>	<p>34. Plumbing 35. Toilet facilities 36. Handwashing facilities 37. Garbage disposal 38. Vermin control</p> <p>OTHER FACILITIES AND OPERATIONS 39. Other facilities and operations</p> <p>TEMPORARY FOOD SERVICE EVENTS 40. Temporary food service events</p> <p>VENDING MACHINES 41. Vending machines</p> <p>MANAGER CERTIFICATION 42. Manager certification</p> <p>CERTIFICATES AND FEES 43. Certificates and fees</p> <p>INSPECTION/ENFORCEMENT 44. Inspection/Enforcement</p>
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Inspector Signature:

Client Signature:

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General Comments

3 HWS- has soap, paper towels, HW sign, temp 100F / 1CS / 2CS / 4CS- quaternary ammonia sanitizer- have test strips, sink tested at 200ppm / 2-door RIC- clean, has thermometer, RTE foods / 1-door RIC- clean, has thermometer, everything dated and labeled / 2 milk coolers- clean, have thermometers, milk 40F / RIF- cold, clean, has thermometer / WIC- clean, has thermometer, everything dated and labeled, food stored properly, potato salad 38F / WIF- cold, clean, has thermometer, everything dated and labeled, food stored properly / ice machine- clean, with scoop stored properly in a clean bin next to ice machine / 3 2-door Baxter ovens / 2 Panasonic Pro II ovens / Xtreme Steam oven / 3 2-door Alto-Shaam ovens / Cleveland stockpot / dry storage okay- everything dated and labeled / designated mop sink- in a closet by entrance to kitchen / air curtain- functional / dumpster lids closed / employee restroom- clean, lighting okay, HWS- has soap, paper towels, HW sign

FE October 2016

ServSafe for Tina Ebdrup expires 2-25-2018, Cert. No. 9799399 / ServSafe for Cynthia Rocco expires 2-17-2021, Cert. No. 13295709

Note: Inspector observed the wall-mounted knife rack starting to become worn at time of inspection- recommend replacing before the next inspection.

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

No violations observed at time of inspection.

Email Address(es): tledford@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:

Client Signature: