

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



**Facility Information**

**RESULT: Satisfactory**

Permit Number: 51-48-1278178  
Name of Facility: Fivay High School Football Concession (Level 4)  
Address: 12115 Chicago Avenue  
City, Zip: Hudson 34669

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

Type: School (9 months or less)  
Owner: District School Board of Pasco County  
Person In Charge: Christina Stanley Phone: 727-246-4000

**Inspection Information**

Purpose: Routine  
Inspection Date: 9/18/2017

Begin Time: 12:20 PM  
End Time: 12:40 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><b>FOOD SUPPLIES</b> 1. Sources, etc.</p> <p><b>FOOD PROTECTION</b> 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><b>PERSONNEL</b></p>	<p>17. Exclusion of personnel 18. Cleanliness 19. Tobacco use 20. Handwashing 21. Handling of dishware <b>EQUIPMENT/UTENSILS</b> 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 <b>SANITARY FACILITIES AND CONTROLS</b> 31. Water supply 32. Ice 33. Sewage</p>	<p>34. Plumbing 35. Toilet facilities 36. Handwashing facilities 37. Garbage disposal 38. Vermin control <b>OTHER FACILITIES AND OPERATIONS</b> 39. Other facilities and operations <b>TEMPORARY FOOD SERVICE EVENTS</b> 40. Temporary food service events <b>VENDING MACHINES</b> 41. Vending machines <b>MANAGER CERTIFICATION</b> 42. Manager certification <b>CERTIFICATES AND FEES</b> 43. Certificates and fees <b>INSPECTION/ENFORCEMENT</b> 44. Inspection/Enforcement</p>
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Inspector Signature:

*[Handwritten Signature]*

Client Signature:

*[Handwritten Signature]*

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**General Comments**

HWS- has soap, paper towels, HW sign / 1CS / 3CS / RIC- clean, has thermometer / 2 RIFs- cold, clean, have thermometers, empty / 2-door RIC- clean, has thermometer, water and soda only / ice machine- clean / 2-door Alto-Shaam

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

No violations observed at time of inspection

Email Address(es): cstanley@pasco.k12.fl.us;  
bclements@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: 9/18/2017

Inspector Signature:

Handwritten signature of Rachel Wilkins.

Client Signature:

Handwritten signature of the client.