Food Establishment Inspection Report

Facility Type:
☐ Adult Day Care ☐ Afterschool Meal Prog ☐ Assisted Living ☐ Bar/Lounge ☐ Civic ☐ Crisis Stabilization Unit ☐ Detention Fac. ☐ Domestic Violence ☐ Fraternal Org. ☐ Home for Special Services ☐ Hospice ☐ Intermediate Care DD ☐ Migrant Housing ☐ Movie Theater ☐ PPEC ☐ Recreational Camp ☐ Residential Treatment Fac. ☑ School ☐ Short-term Res Treat ☐ Transitional Living Fac

PURPOSE: ☑ Routine ☐ Reinspection ☐ Construction ☐ Complaint ☐ Consultation ☐ Change of Ownership ☐ Epidemiology ☐ Temporary Event ☐ Other _____

Name of Establishment: Quail Hollow Elementary School

Address: 7050 Quail Hollow Boulevard **City:** Wesley Chapel

ZIP Code: 33543 **Name of Person in Charge:** Kathy Garvin

Telephone: (727) 774-2439 **Person in Charge Email:** kgarvin@pascol.k12.fl.us

Date (MM/DD/YY)	Begin Time AM/PM	End Time AM/PM	Permit Number	Position Number
12/5/2018	11:50 am	12:20 AM	51-48-00209	64005356

RESULTS:
☑ Satisfactory
☐ Unsatisfactory
☐ Incomplete
☐ Closure
☐ Out of Business

Correct by:
☐ Next Routine Inspection
☐ 8 A.M. on _____ (Date)

Stop Sale Issued _____

Number of Risk Factors/Intervention Violations Marked "OUT" (items 1-29) 0

Number of Repeat Violations (1-57 R) 0

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Indicate the compliance status: Mark an "X" under the compliance status, IN=the act or item was observed to be in compliance; OUT=the act or item was observed to be out of compliance; NO=the act or item was not observed to be occurring at the time of inspection; NA=the act or item is not performed by the facility.

Mark an "X" in the appropriate box for: COS=violation corrected on site; R=repeat violation from previous inspection

Compliance Status

	IN	OUT	N/A	N/O		COS	R
Supervision							
1	☑	☐			Demonstration of Knowledge/Training		
2	☑	☐		☐	Certified Manager/Person in Charge present		
Employee Health							
3	☑	☐			Knowledge, responsibilities and reporting		
4	☑	☐			Proper use of restriction and exclusion		
5	☑	☐			Responding to vomiting & diarrheal events		
Good Hygienic Practices							
6	☑	☐		☐	Proper eating, tasting, drinking, or tobacco use		
7	☑	☐		☐	No discharge from eyes, nose, and mouth		
Preventing Contamination by Hands							
8	☑	☐		☐	Hands clean & properly washed		
9	☑	☐	☐	☐	No bare hand contact with RTE food		
10	☑	☐			Handwashing sinks, accessible & supplies		
Approved Source							
11	☑	☐			Food obtained from approved source		
12	☐	☐	☐	☑	Food received at proper temperature		
13	☑	☐			Food in good condition, safe, & unadulterated		
14	☐	☐	☑	☐	Shellstock tags & parasite destruction		

This form serves as a “Notice of Non-Compliance” pursuant to section 120.695, Florida Statutes. Items marked as "out" violate one or more of the requirements of Chapter 64E-11, the Florida Administrative Code or Chapter 381.0072, Florida Statutes.
Violations must be corrected within the time period indicated above. Continued operation of this facility without making these corrections is a violation. Failure to correct violations in the time frame specified may result in enforcement action being initiated by the Department of Health.

Compliance Status

	IN	OUT	N/A	N/O		COS	R
Protection from Contamination							
15	☑	☐	☐	☐	Food separated & protected; single-use gloves		
16	☑	☐			Food-contact surfaces; cleaned & sanitized		
17	☐	☐		☑	Proper disposal of unsafe food		
Time/Temperature Control for Safety							
18	☐	☐	☐	☑	Cooking time & temperatures		
19	☐	☐	☐	☑	Reheating procedures for hot holding		
20	☑	☐	☐	☐	Cooling time and temperature		
21	☑	☐	☐	☐	Hot holding temperatures		
22	☑	☐	☐	☐	Cold holding temperatures		
23	☑	☐	☐	☐	Date marking and disposition		
24	☐	☐	☑	☐	Time as PHC; procedures & records		
Consumer Advisory							
25	☐	☐	☑		Advisory for raw/undercooked food		
Highly Susceptible Populations							
26	☑	☐	☐		Pasteurized foods used; No prohibited foods		
Additives and Toxic Substances							
27	☐	☐	☑		Food additives: approved & properly used		
28	☑	☐	☐		Toxic substances identified, stored, & used		
Approved Procedures							
29	☐	☐	☑		Variance/specialized process/HACCP		

Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

	IN	OUT	N/A	N/O		COS	R
Safe Food and Water							
30	☐	☐	☑	☐	Pasteurized eggs used where required		
31	☑	☐	☐	☐	Water & ice from approved source		
32	☐	☐	☑	☐	Variance obtained for special processing		
Food Temperature Control							
33	☑	☐	☐	☐	Proper cooling methods; adequate equipment		
34	☑	☐	☐	☐	Plant food properly cooked for hot holding		
35	☑	☐	☐	☐	Approved thawing methods		
36	☑	☐	☐	☐	Thermometers provided & accurate		
Food Identification							
37	☑	☐	☐	☐	Food properly labeled; original container		
Prevention of Food Contamination							
38	☑	☐	☐	☐	Insects, rodents, & animals not present		
39	☑	☐	☐	☐	No Contamination (preparation, storage, display)		
40	☑	☐	☐	☐	Personal cleanliness		
41	☑	☐	☐	☐	Wiping cloths: properly used & stored		
42	☐	☐	☐	☑	Washing fruits & vegetables		

By typing my signature, in the signature space provided below, I agree to create an electronic record and to adopt the electronic symbol created by me as a manifestation of my signature on the electronic record, which shall have the same force and effect as a written signature and record, in accordance with s. 668.50, Fla. Stat. (2017) and 15 U.S.C. s. 7001 (2000).

	IN	OUT	N/A	N/O		COS	R
Proper Use of Utensils							
43	☑	☐	☐	☐	Utensils: properly stored		
44	☑	☐	☐	☐	Equipment & linens: stored, dried, & handled		
45	☑	☐	☐	☐	Single-use/single-service articles: stored & used		
46	☐	☐	☐	☑	Slash-resistant/cloth gloves used properly		
Utensils, Equipment and Vending							
47	☑	☐	☐	☐	Food & non-food contact surfaces		
48	☑	☐	☐	☐	Warewashing: installed, maintained, used; test strips		
49	☑	☐	☐	☐	Non-food contact surfaces clean		
Physical Facilities							
50	☑	☐	☐	☐	Hot & cold water available; under pressure		
51	☑	☐	☐	☐	Plumbing installed; proper backflow devices		
52	☑	☐	☐	☐	Sewage & waste water properly disposed		
53	☑	☐	☐	☐	Toilet facilities: supplied & cleaned		
54	☑	☐	☐	☐	Garbage & refuse disposal		
55	☑	☐	☐	☐	Facilities installed, maintained, & clean		
56	☑	☐	☐	☐	Ventilation & lighting		
57	☑	☐	☐	☐	Permit; Fees; Application; Plans		

Person in Charge (Print & Signature) Kathaleen Garvin **Date:** 12/5/2018

Inspector (Print & Signature) Alicia Steiert **Phone:** (352) 521-1450 x5

Food Establishment Inspection Report

Name of Establishment:	Permit Number:	Date:
Quail Hollow Elementary School	51-48-00209	12/5/2018

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Fish nuggets/ warmer	160F				
Baked bean/serving line	155F				
Milk/RIC	40F				
Cucumber/serving line	41F				
Applesauce/serving line	40F				
Nacho beef/serving line	165F				
Milk/WIC	39F				

OBSERVATIONS AND CORRECTIVE ACTIONS

Violation Number	Violations cited in this report must be corrected
	Satisfactory at time of inspection. Lunch service.
	Sanitizer ok- 300 ppm- 3 comp sink. All RIC/RIF and WIC/WIF at proper temps.
	At time of inspection, reviewed new inspection process/training with manager.

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Person in Charge (Signature) Kathaleen Garvin **Date** 12/5/2018

Inspector (Signature) Alicia Steiert **Date** 12/5/2018

FORM DH4023B 03/2018