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



**RESULT:** Satisfactory **Facility Information** 

Permit Number: 51-48-1770950

Name of Facility: Cypress Creek Middle/High School

Address: 8701 Old Pasco Road City, Zip: Wesley Chapel 33544

Type: School (9 months or less)

Owner: District School Board of Pasco County

Person In Charge: Prater, Joel Phone: (813) 346-4400

PIC Email: jprater@pasco.k12.fl.us

# **Inspection Information**

Purpose: Routine Number of Risk Factors (Items 1-29): 1 Begin Time: 09:30 AM Inspection Date: 4/30/2019 Number of Repeat Violations (1-57 R): 0 End Time: 11:00 AM

Correct By: Next Inspection FacilityGrade: N/A Re-Inspection Date: None StopSale: No

Marking Key: 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; COS=violation corrected on site; R=repeat violation from previous inspection

# **FoodBorne Illness Risk Factors And Public Health Interventions**

#### SUPERVISION

- IN 1. Demonstration of Knowledge/Training
- N 2. Certified Manager/Person in charge present **EMPLOYEE HEALTH**
- IN 3. Knowledge, responsibilities and reporting
- N 4. Proper use of restriction and exclusion
- IN 5. Responding to vomiting & diarrheal events GOOD HYGIENIC PRACTICES
- IN 6. Proper eating, tasting, drinking, or tobacco use
- N 7. No discharge from eyes, nose, and mouth PREVENTING CONTAMINATION BY HANDS
- IN 8. Hands clean & properly washed
- No bare hand contact with RTE food
- IN 10. Handwashing sinks, accessible & supplies APPROVED SOURCE
- IN 11. Food obtained from approved source
- N 12. Food received at proper temperature
- IN 13. Food in good condition, safe, & unadulterated
- NA 14. Shellstock tags & parasite destruction PROTECTION FROM CONTAMINATION
- IN 15. Food separated & protected; Single-use gloves

- IN 16. Food-contact surfaces; cleaned & sanitized
- IN 17. Proper disposal of unsafe food

# TIME/TEMPERATURE CONTROL FOR SAFETY

- 18. Cooking time & temperatures
- IN 19. Reheating procedures for hot holding
- IN 20. Cooling time and temperature
- **OUT** 21. Hot holding temperatures
  - N 22. Cold holding temperatures
  - IN 23. Date marking and disposition
- NA 24. Time as PHC; procedures & records
  - **CONSUMER ADVISORY**
- NA 25. Advisory for raw/undercooked food
  - HIGHLY SÚSCEPTIBLE POPULATIONS
- IN 26. Pasteurized foods used; No prohibited foods
  - ADDITIVES AND TOXIC SUBSTANCES
- NA 27. Food additives: approved & properly used
  - 28. Toxic substances identified, stored, & used APPROVED PROCEDURES
- NA 29. Variance/specialized process/HACCP

**Inspector Signature:** 

Missa Blaseo

**Client Signature:** 

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## **Good Retail Practices**

#### SAFE FOOD AND WATER

- IN 30. Pasteurized eggs used where required
- IN 31. Water & ice from approved source
- NA 32. Variance obtained for special processing

#### FOOD TEMPERATURE CONTROL

- **IN** 33. Proper cooling methods; adequate equipment
- IN 34. Plant food properly cooked for hot holding
- N 35. Approved thawing methods
- **IN** 36. Thermometers provided & accurate

#### FOOD IDENTIFICATION

**IN** 37. Food properly labeled; original container

#### PREVENTION OF FOOD CONTAMINATION

- IN 38. Insects, rodents, & animals not present
- **IN** 39. No Contamination (preparation, storage, display)
- IN 40. Personal cleanliness
- IN 41. Wiping cloths: properly used & stored
- IN 42. Washing fruits & vegetables

## PROPER USE OF UTENSILS

- IN 43. In-use utensils: properly storedIN 44. Equipment & linens: stored, dried, & handled
- N 45. Single-use/single-service articles: stored & used

NA 46. Slash resistant/cloth gloves used properly

#### UTENSILS, EQUIPMENT AND VENDING

- IN 47. Food & non-food contact surfaces
- **IN** 48. Ware washing: installed, maintained, & used; test strips
- IN 49. Non-food contact surfaces clean

#### **PHYSICAL FACILITIES**

- IN 50. Hot & cold water available; adequate pressure
- IN 51. Plumbing installed; proper backflow devices
- No. 52. Sewage & waste water properly disposed
- N 53. Toilet facilities: supplied, & cleaned
- N 54. Garbage & refuse disposal
- IN 55. Facilities installed, maintained, & clean
- N 56. Ventilation & lighting
- IN 57. Permit; Fees; Application; Plans

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.

# **Violations Comments**

Violation #21. Hot holding temperatures

Maintain hot holding for time-temperature controlled for safety (TCS) foods at 135F or above. Observed burgers, chicken bites, and chicken wings not meeting the minimum temperature of 135F in warming stations and units.

### **General Comments**

Notes- HWS s: 109-115F, Warming Stations: Chicken Wings, Burgers, 115-136F, Hot Holding Units: Chicken Wings, Burgers 124-141F, Salad Bar: Chicken 41F, 2D RIC s: 36-41F, Showcase Coolers: Chicken 39-41F, X2 Ice Cream Freezer: Frozen, WIF: Frozen, WIC: Milk 39F, Laundry / Mop Sink Area: Ok, Dry Storage: Ok, Dumpster: Ok, Bathroom: Ok, Ice Machine: Ok, Quat Test Strips: Ok, HTDM: Strip reading 160F, 3CS: Quat 300ppm, Sani Buckets: Quat 200ppm FE: 04/2019.

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

canettle@pasco.k12.fl.us; cnorvell@pasco.k12.fl.us; jprater@pasco.k12.fl.us; sroop@pasco.k12.fl.us

**Inspector Signature:** 

Misse Blaseo

**Client Signature:** 

Form Number: DH 4023 03/18 51-48-1770950 Cypress Creek Middle/High School

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Inspection Conducted By: Alissa Belasco (29088) Inspector Contact Number: Work: (727) 841-4425 ex.

Print Client Name: Date: 4/30/2019

Inspector Signature:

**Client Signature:** 

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