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



RESULT: Satisfactory **Facility Information**

Permit Number: 51-48-00208

Name of Facility: Pine View Middle School Address: 5334 Parkway Boulevard City, Zip: Land O Lakes 34639

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

Person In Charge: Hadley, Crystal Phone: (813) 794-4878

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

Inspection Information

Purpose: Routine Number of Risk Factors (Items 1-29): 1 Begin Time: 11:00 AM Inspection Date: 9/25/2020 Number of Repeat Violations (1-57 R): 0 End Time: 11:30 AM

Correct By: None 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
- NO 12. Food received at proper temperature
- IN 13. Food in good condition, safe, & unadulterated
- 14. Shellstock tags & parasite destruction PROTECTION FROM CONTAMINATION
- IN 15. Food separated & protected; Single-use gloves

- **OUT** 16. Food-contact surfaces; cleaned & sanitized (COS)
 - IN 17. Proper disposal of unsafe food

TIME/TEMPERATURE CONTROL FOR SAFETY

- 18. Cooking time & temperatures
- NO 19. Reheating procedures for hot holding
- NO 20. Cooling time and temperature
- IN 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:

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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

N 33. Proper cooling methods; adequate equipment

NO 34. Plant food properly cooked for hot holding

IN 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

OUT 39. No Contamination (preparation, storage, display) (COS)

IN 40. Personal cleanliness

IN 41. Wiping cloths: properly used & stored

NO 42. Washing fruits & vegetables

PROPER USE OF UTENSILS

IN 43. In-use utensils: properly stored

IN 44. Equipment & linens: stored, dried, & handled

IN 45. Single-use/single-service articles: stored & used

NO 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

51. Plumbing installed; proper backflow devices

IN 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 #16. Food-contact surfaces; cleaned & sanitized

Observed prepared sanitizer bottle with 0 ppm sanitizer strength.

Corrected at time of inspection.

CODE REFERENCE: 64E-11.003(2). Food shall only contact surfaces that are clean and sanitized.

Violation #39. No Contamination (preparation, storage, display)

Observed boxes of sodas on floor of WIC at time of inspection.

Observed box of pop tarts being stored beside sanitizer bottle at time of inspection.

Both corrected on site.

CODE REFERENCE: 64E-11.003(2). Food shall be protected from sources of contamination and stored in a clean, dry location at least 6 inches above the floor.

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General Comments

Satisfactory at time of inspection. In between services.

All RIC/RIF and WIC/WIF at proper temps. Sanitizer 3 CS- 200 ppm, buckets-200, bottle- 0-200ppm.

Handwash sinks all ok, mop sink ok, ice machine/filter ok.

Observed temps: Milk/RIC: 35-36F Salad/RIC: 38-39F Mac/Cheese/warmer: 180F Green Beans/Warmer: 170F Pizza/warmer: 165f

french bread pizza/warmer: 166F

Milk/WIC: 36F Cheese/WIC: 35F

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

spawelek@pasco.k12.fl.us; sawood@pasco.k12.fl.us; kkimble@pasco.k12.fl.us; fnshelp@pasco.k12.fl.us; sdobres@pasco.k12.fl.us

Inspection Conducted By: Alicia Steiert (85862)

Inspector Contact Number: Work: (352) 521-1450 ex. 6164

Print Client Name: Date: 9/25/2020

Inspector Signature:

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Client Signature:

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