

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



Facility Information

RESULT: Satisfactory

Permit Number: 51-48-01566
 Name of Facility: Dr John Long Middle School
 Address: 2025 Mansfield Boulevard
 City, Zip: Wesley Chapel 33543

 Type: School (9 months or less)
 Owner: Pasco County School Board
 Person In Charge: Sherry Malone Phone: (813) 346-6200
 PIC Email: smalone@pasco.k12.fl.us

Inspection Information

Purpose: Routine	Number of Risk Factors (Items 1-29): 1	Begin Time: 09:45 AM
Inspection Date: 11/8/2021	Number of Repeat Violations (1-57 R): 0	End Time: 11:00 AM
Correct By: Next Inspection	Facility Grade: N/A	
Re-Inspection Date: None	Stop Sale: 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
- IN** 2. Certified Manager/Person in charge present

EMPLOYEE HEALTH

- IN** 3. Knowledge, responsibilities and reporting
- IN** 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
- IN** 7. No discharge from eyes, nose, and mouth

PREVENTING CONTAMINATION BY HANDS

- IN** 8. Hands clean & properly washed
- IN** 9. No bare hand contact with RTE food
- OUT** 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
- NA** 14. Shellstock tags & parasite destruction

PROTECTION FROM CONTAMINATION

- IN** 15. Food separated & protected; Single-use gloves

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

- NO** 17. Proper disposal of unsafe food

TIME/TEMPERATURE CONTROL FOR SAFETY

- NA** 18. Cooking time & temperatures
- NO** 19. Reheating procedures for hot holding
- NO** 20. Cooling time and temperature
- IN** 21. Hot holding temperatures
- IN** 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 SUSCEPTIBLE POPULATIONS

- IN** 26. Pasteurized foods used; No prohibited foods

ADDITIVES AND TOXIC SUBSTANCES

- NA** 27. Food additives: approved & properly used
- IN** 28. Toxic substances identified, stored, & used

APPROVED PROCEDURES

- NA** 29. Variance/specialized process/HACCP

Inspector Signature:

Client Signature:

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Good Retail Practices

SAFE FOOD AND WATER

- NA 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
- 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
- IN 39. No Contamination (preparation, storage, display)
- 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

- 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
- OUT 51. Plumbing installed; proper backflow devices
- IN 52. Sewage & waste water properly disposed
- IN 53. Toilet facilities: supplied, & cleaned
- IN 54. Garbage & refuse disposal
- IN 55. Facilities installed, maintained, & clean
- IN 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 #10. Handwashing sinks, accessible & supplies

Ensure all handwas sinks reach a minimum water temperature of 100F. Observed water temperature at 76F for handwash in the serving area.

Violation #51. Plumbing installed; proper backflow devices

Replace water filter per manufacture. Observed water filter dated 11/2020. Manager has work order to replace water filter.

General Comments

Notes- HWS: 76-112F, X3 2D RIC: Milk 40F, X4 Hot Holding Units: Pizza 135-140F, Chicken 135F, Potatoes 135F, X4 Showcase Hot Holding Units: Pizza 135F & Chicken 135-140F, X4 Showcase Coolers: Orange 35-43F, 2X Milk & Juice Cold Holding Wells: 38-43F, WIC: Chicken 40F, WIF: Frozen, Dry Storage: OK, Bathroom/ Locker Room: OK, Laundry Room / Mop Sink: OK, Ice Machine: OK, Quat Test Strips: OK, 4CS: Quat 300ppm, Sanitizer Buckets / Spray: 200-300ppm, Dumpster: OK, FMC: SevrSafe: Sherry Malone Cert 161229852 Expires: 02/2023.

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

fnshelp@pasco.k12.fl.us;

slmalone@pasco.k12.fl.us;

spawelek@pasco.k12.fl.us;

tyoung@pasco.k12.fl.us

Inspector Signature:

Client Signature:

Form Number: DH 4023 03/18

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Inspection Conducted By: Alissa Antonucci (61970)
Inspector Contact Number: Work: (727) 841-4425 ex.
Print Client Name: Sherry Malone
Date: 11/8/2021

Inspector Signature:

Handwritten signature of Alissa Antonucci in black ink.

Client Signature:

Handwritten signature of Sherry Malone in black ink.

Form Number: DH 4023 03/18

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