

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



Facility Information

RESULT: Satisfactory

Permit Number: 51-48-00184
Name of Facility: Anclote Elementary School
Address: 3610 Madison Street
City, Zip: Elfers 34680

Type: School (9 months or less)
Owner: District School Board of Pasco County
Person In Charge: Ciofalo, Lisa Phone: (727) 774-3200
PIC Email: lciofalo@pasco.k12.fl.us

Inspection Information

Purpose: Routine
Inspection Date: 1/18/2022
Correct By: Next Inspection
Re-Inspection Date: None

Number of Risk Factors (Items 1-29): 0
Number of Repeat Violations (1-57 R): 0
Facility Grade: N/A
Stop Sale: No

Begin Time: 11:00 AM
End Time: 12:00 PM

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
- 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
- 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

- NO** 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

- IN** 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	NO 46. Slash resistant/cloth gloves used properly
OUT 31. Water & ice from approved source	UTENSILS, EQUIPMENT AND VENDING
NA 32. Variance obtained for special processing	IN 47. Food & non-food contact surfaces
FOOD TEMPERATURE CONTROL	IN 48. Ware washing: installed, maintained, & used; test strips
IN 33. Proper cooling methods; adequate equipment	IN 49. Non-food contact surfaces clean
IN 34. Plant food properly cooked for hot holding	PHYSICAL FACILITIES
IN 35. Approved thawing methods	IN 50. Hot & cold water available; adequate pressure
IN 36. Thermometers provided & accurate	IN 51. Plumbing installed; proper backflow devices
FOOD IDENTIFICATION	IN 52. Sewage & waste water properly disposed
IN 37. Food properly labeled; original container	IN 53. Toilet facilities: supplied, & cleaned
PREVENTION OF FOOD CONTAMINATION	OUT 54. Garbage & refuse disposal
IN 38. Insects, rodents, & animals not present	IN 55. Facilities installed, maintained, & clean
IN 39. No Contamination (preparation, storage, display)	IN 56. Ventilation & lighting
IN 40. Personal cleanliness	IN 57. Permit; Fees; Application; Plans
IN 41. Wiping cloths: properly used & stored	
IN 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	

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

<p>Violation #31. Water & ice from approved source Observed water filter for ice machine last changed 7-14-21, and was marked to be changed on 1-14-22. CODE REFERENCE: 64E-11.003(1). Water supplies shall comply with the provisions of Chapter 64E-8 or 62-550, FAC.</p>
<p>Violation #54. Garbage & refuse disposal Observed both dumpster lids open during time of inspection. CODE REFERENCE: 64E-11.003(5). Garbage shall be disposed of to prevent vector harborage. Trash cans will be durable, cleanable, leak proof, insect and rodent resistant, and non-absorbent. Outside storage area shall be of a smooth, non-absorbent material and sloped to a drain.</p>

General Comments

Inspection done during prep for service.
Notes: 2XH.S.- 103F; WIC-36F, milk-36F; Ice machine-Ok, filter needs to be changed; Sanitizer buckets 200-300ppm Quat Amon.; Milk RIC at line-milk 37F; H.H. line and cold hold line-no food observed; 2x RIC 41F, milk-40F; 2x HH units, beans 141F; Dumpsters x 2-both lids open; Food Supplier GFS.

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tyoung@pasco.k12.fl.us

Inspector Signature:

Client Signature:

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Inspection Conducted By: Nicholas Streeter (05653)
Inspector Contact Number: Work: (727) 841-4425 ex.
Print Client Name:
Date: 1/18/2022

Inspector Signature:

Handwritten signature of Nicholas Streeter in black ink.

Client Signature:

Handwritten signature of the client in black ink.

Form Number: DH 4023 03/18

51-48-00184 Anclole Elementary School