

STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT
PUBLIC SCHOOL
INSPECTION REPORT



1 of 2

Facility Information

RESULT: Satisfactory

Permit Number: 51-51-01208
Name of Facility: Chasco Elementary School
Address: 7702 Ridge Road
City, Zip: Port Richey 34668

Correct By: None
Re-Inspection Date: None

Type: Public Schools
Owner: Pasco County School Board
Person In Charge: Eddie Auclair Phone: (727) 774-1291
PIC Email: eauclair@pasco.k12.fl.us

Inspection Information

Purpose: Routine
Inspection Date: 2/19/2019

Begin Time: 08:45 AM
End Time: 09:35 AM

Additional Information

FEMALES 389
MALES 389

CENSUS 778

This form serves as a "Notice of Non-Compliance" pursuant to section 120.695, Florida Statutes. Items marked below violate one or more of the requirements of Rule 6A-2.0010, of the Florida Administrative Code, Chapter 5, section 5 of the State Requirements for Educational Facilities 2014 (SREF); and sections 453 and 468 of the Florida Building Code 6th Edition (2017). 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.

Violation Markings

SCHOOL SANITATION	IN 11. Group Toilet Rooms	IN 21. Pest Control
IN 1. School Site	IN 12. Toilet Facilities	SAFETY
IN 2. Playground, Equip & Athletic Fields*	IN 13. Handwashing Facilities	IN 22. First Aid Kit
IN 3. Athletic & Playground Equipment	IN 14. Soap Dispensers	DIAPER CHANGING STATION
BUILDING CONST/MAINT.	NA 15. Shower Facilities	NA 23. Sanitizers
IN 4. Construction	NA 16. Showers Water Temperatures	NA 24. Changing Station & Mats
IN 5. Maintenance & Repair	WATER SUPPLY	NA 25. Hand Sink
IN 6. Lighting Standards	IN 17. Approved Source	NA 26. Garbage Can
IN 7. Heating, Ventilation, A/C Standards	IN 18. Drinking Fountains	ANIMAL HEALTH & SAFETY
IN 8. Natural Ventilation	LIQUID WASTE & WASTE WATER	IN 27. Animal Maintenance/Aggressive
IN 9. Mechanical Ventilation	IN 19. Sewage Disposal	DORM/RESIDENTIAL FACILITIES
SANITARY FACILITIES	IN 20. Solid Waste	NA 28. Maintenance/Complaint
IN 10. Provided/Accessible/Separation	PEST CONTROL	NA 29. Other

Marking Key: **IN** = the act or item was observed to meet standards; **OUT** = the act or item was observed not to meet standards; **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 or not part of the operation

Violation Key: * = 2. Playground, Equipment & Athletic Fields

Inspector Signature:

Client Signature:

STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT
PUBLIC SCHOOL
INSPECTION REPORT



2 of 2

General Comments

Satisfactory at time of inspection.
Escorted throughout facility.

Email Address(es): eaucclair@pasco.k12.fl.us;
mdiiorio@pasco.k12.fl.us;
Ken.Maguire@FLHealth.gov

Violations Comments

No Violation Comments Available

Inspection Conducted By: Alicia Steiert (85862)
Inspector Contact Number: Work: (352) 521-1450 ex. 6164
Print Client Name:
Date: 2/19/2019

Inspector Signature:

Handwritten signature of Alicia Steiert.

Client Signature:

Handwritten signature of the client.

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



Facility Information

RESULT: Satisfactory

Permit Number: 51-48-01070
Name of Facility: Chasco Elementary/Middle School
Address: 7702 Ridge Road
City, Zip: Port Richey 34668

Type: School (9 months or less)
Owner: Pasco County School Board
Person In Charge: Burgess, Barry [Manager - Work - (727) 774-2443] Phone: (727) 774-2443
PIC Email: ddevenny@pasco.k12.fl.us

Inspection Information

Purpose: Routine
Inspection Date: 2/19/2019
Correct By: None
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: 09:35 AM
End Time: 10:15 AM

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

- | | |
|--|---|
| <p>SUPERVISION</p> <p>IN 1. Demonstration of Knowledge/Training</p> <p>IN 2. Certified Manager/Person in charge present</p> <p>EMPLOYEE HEALTH</p> <p>IN 3. Knowledge, responsibilities and reporting</p> <p>IN 4. Proper use of restriction and exclusion</p> <p>IN 5. Responding to vomiting & diarrheal events</p> <p>GOOD HYGIENIC PRACTICES</p> <p>IN 6. Proper eating, tasting, drinking, or tobacco use</p> <p>IN 7. No discharge from eyes, nose, and mouth</p> <p>PREVENTING CONTAMINATION BY HANDS</p> <p>IN 8. Hands clean & properly washed</p> <p>IN 9. No bare hand contact with RTE food</p> <p>IN 10. Handwashing sinks, accessible & supplies</p> <p>APPROVED SOURCE</p> <p>IN 11. Food obtained from approved source</p> <p>NO 12. Food received at proper temperature</p> <p>IN 13. Food in good condition, safe, & unadulterated</p> <p>NA 14. Shellstock tags & parasite destruction</p> <p>PROTECTION FROM CONTAMINATION</p> <p>IN 15. Food separated & protected; Single-use gloves</p> | <p>IN 16. Food-contact surfaces; cleaned & sanitized</p> <p>NO 17. Proper disposal of unsafe food</p> <p>TIME/TEMPERATURE CONTROL FOR SAFETY</p> <p>IN 18. Cooking time & temperatures</p> <p>NO 19. Reheating procedures for hot holding</p> <p>IN 20. Cooling time and temperature</p> <p>NO 21. Hot holding temperatures</p> <p>IN 22. Cold holding temperatures</p> <p>IN 23. Date marking and disposition</p> <p>NA 24. Time as PHC, procedures & records</p> <p>CONSUMER ADVISORY</p> <p>NA 25. Advisory for raw/undercooked food</p> <p>HIGHLY SUSCEPTIBLE POPULATIONS</p> <p>IN 26. Pasteurized foods used; No prohibited foods</p> <p>ADDITIVES AND TOXIC SUBSTANCES</p> <p>NA 27. Food additives; approved & properly used</p> <p>IN 28. Toxic substances identified, stored, & used</p> <p>APPROVED PROCEDURES</p> <p>NA 29. Variance/specialized process/HACCP</p> |
|--|---|

Inspector Signature:

A. Saint

Client Signature:

Dallas Delaney

Form Number: DH 4023 03/18 51-48-01070 Chasco Elementary/Middle School

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



Good Retail Practices

SAFE FOOD AND WATER <input checked="" type="checkbox"/> 30. Pasteurized eggs used where required <input checked="" type="checkbox"/> 31. Water & ice from approved source <input checked="" type="checkbox"/> 32. Variance obtained for special processing FOOD TEMPERATURE CONTROL <input checked="" type="checkbox"/> 33. Proper cooling methods; adequate equipment <input checked="" type="checkbox"/> 34. Plant food properly cooked for hot holding <input checked="" type="checkbox"/> 35. Approved thawing methods <input checked="" type="checkbox"/> 36. Thermometers provided & accurate FOOD IDENTIFICATION <input checked="" type="checkbox"/> 37. Food properly labeled; original container PREVENTION OF FOOD CONTAMINATION <input checked="" type="checkbox"/> 38. Insects, rodents, & animals not present <input checked="" type="checkbox"/> 39. No Contamination (preparation, storage, display) <input checked="" type="checkbox"/> 40. Personal cleanliness <input checked="" type="checkbox"/> 41. Wiping cloths: properly used & stored <input checked="" type="checkbox"/> 42. Washing fruits & vegetables PROPER USE OF UTENSILS <input checked="" type="checkbox"/> 43. In-use utensils: properly stored <input checked="" type="checkbox"/> 44. Equipment & linens: stored, dried, & handled <input checked="" type="checkbox"/> 45. Single-use/single-service articles: stored & used	<input checked="" type="checkbox"/> 46. Slash resistant/cloth gloves used properly UTENSILS, EQUIPMENT AND VENDING <input checked="" type="checkbox"/> 47. Food & non-food contact surfaces <input checked="" type="checkbox"/> 48. Ware washing: installed, maintained, & used; test strips <input checked="" type="checkbox"/> 49. Non-food contact surfaces clean PHYSICAL FACILITIES <input checked="" type="checkbox"/> 50. Hot & cold water available; adequate pressure <input checked="" type="checkbox"/> 51. Plumbing installed; proper backflow devices <input checked="" type="checkbox"/> 52. Sewage & waste water properly disposed <input checked="" type="checkbox"/> 53. Toilet facilities: supplied, & cleaned <input checked="" type="checkbox"/> 54. Garbage & refuse disposal <input checked="" type="checkbox"/> 55. Facilities installed, maintained, & clean <input checked="" type="checkbox"/> 56. Ventilation & lighting <input checked="" type="checkbox"/> 57. Permit; Fees; Application; Plans
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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

No Violation Comments Available

General Comments

Satisfactory at time of inspection. No food service. Limited prep/cold holding only.
Sink not set up.
All RIC/RIF and WIC/WIF at proper temps.

Observed temps:
Ham & Cheese sandwich/ RIC 41F
Juice/RIC 38F
Milk/RIC 34F
Milk/WIC 33F
Deli meat/WIC 30F
Meatballs/WIC Thawing 18F

Email Address(es): No Email Addresses Available

Inspector Signature:

Client Signature:

Form Number: DH 4023 03/18

51-48-01070 Chasco Elementary/Middle School

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



Inspection Conducted By: Alicia Steiert (85862)
Inspector Contact Number: Work: (352) 521-1450 ex. 6164
Print Client Name:
Date: 2/19/2019

Inspector Signature:

A Steiert

Client Signature:

Dallas DeLemmy

Form Number: DH 4023 03/18

51-48-01070 Chasco Elementary/Middle School