

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



**Facility Information**

**RESULT: Satisfactory**

Permit Number: 51-48-00209  
 Name of Facility: Quail Hollow Elementary School  
 Address: 7050 Quail Hollow Boulevard  
 City, Zip: Wesley Chapel 33543  
  
 Type: School (9 months or less)  
 Owner: Pasco County School Board  
 Person In Charge: Garvin, Kathy Phone: (813) 794-1178  
 PIC Email: kgarvin@pasco.k12.fl.us

**Inspection Information**

Purpose: Routine	Number of Risk Factors (Items 1-29): 0	Begin Time: 09:35 AM
Inspection Date: 9/11/2020	Number of Repeat Violations (1-57 R): 0	End Time: 10:25 AM
Correct By: None	Facility Grade: N/A	
<b>Re-Inspection Date: None</b>	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
- 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

- NO** 17. Proper disposal of unsafe food

**TIME/TEMPERATURE CONTROL FOR SAFETY**

- IN** 18. Cooking time & temperatures
- IN** 19. Reheating procedures for hot holding
- IN** 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:

*Missabelasco*

Client Signature:

*[Signature]*

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**Good Retail Practices**

**SAFE FOOD AND WATER**

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

**FOOD TEMPERATURE CONTROL**

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

**FOOD IDENTIFICATION**

- 37. Food properly labeled; original container

**PREVENTION OF FOOD CONTAMINATION**

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

**PROPER USE OF UTENSILS**

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

- 46. Slash resistant/cloth gloves used properly

**UTENSILS, EQUIPMENT AND VENDING**

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

**PHYSICAL FACILITIES**

- 50. Hot & cold water available; adequate pressure
- 51. Plumbing installed; proper backflow devices
- 52. Sewage & waste water properly disposed
- 53. Toilet facilities: supplied, & cleaned
- 54. Garbage & refuse disposal
- 55. Facilities installed, maintained, & clean
- 56. Ventilation & lighting
- 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**

No Violation Comments Available

**General Comments**

NO VIOLATIONS OBSERVED AT TIME OF INSPECTION

Notes- HWS: 100-110F, WIC: Milk 38F, WIF: Frozen, 2D RIC: Egg 38F, Milk Cooler #1: 39F, Milk Cooler #2: Not in-use, 1D RIC: Drinks 40F, X2 Hot Holding Units: Pizza 140F & Ambient 160-200F, Sanitizer Bucket / Spray: 300ppm, 3CS: Not setup, 2CS, HTDM: Dishwasher Temp Strip 160F, Microwave: Ok, Chemical Room /Laundry Room: Ok, Bathroom: Ok, Dry Storage: Ok, FE: 06/2020 Dumpster: Ok. FMC: Kathleen Garvin Cert# 15779699 Expires: 11/2022.

Email Address(es): fnshep@pasco.k12.fl.us;  
kgarvin@pasco.k12.fl.us;  
kkimble@pasco.k12.fl.us;  
spawelek@pasco.k12.fl.us;  
sawood@pasco.k12.fl.us

Inspection Conducted By: Alissa Belasco (61970)  
Inspector Contact Number: Work: (727) 841-4425 ex.  
Print Client Name: Kathy Garvin  
Date: 9/11/2020

Inspector Signature:

*Alissa Belasco*

Client Signature:

*[Signature]*