

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



Facility Information

RESULT: Satisfactory

Permit Number: 51-48-01648	
Name of Facility: Crews Lake Middle School	
Address: 15144 Shady Hills Road	
City, Zip: Spring Hill 34610	
Type: School (9 months or less)	
Owner: Pasco County School Board	
Person In Charge: Brandon Livermores	Phone: (727) 246-1600
PIC Email: livermo@pasco.k12.fl.us	

Inspection Information

Purpose: Routine	Number of Risk Factors (Items 1-29): 1	Begin Time: 09:15 AM
Inspection Date: 9/14/2022	Number of Repeat Violations (1-57 R): 0	End Time: 10:30 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

<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>OUT 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>NA 18. Cooking time & temperatures</p> <p>IN 19. Reheating procedures for hot holding</p> <p>IN 20. Cooling time and temperature</p> <p>IN 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>NA 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:

Alisa Antonucci

Client Signature:

[Handwritten Signature]

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



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
- 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
- IN** 39. No Contamination (preparation, storage, display)
- IN** 40. Personal cleanliness
- 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

- 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
- IN** 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 handwash sinks reach a minimum temperature of 100F. Observed two handwash sinks not reaching 100F.

General Comments

Notes- HWS: 86-110F, WIC: Chicken 38F, WIF: Frozen, 2D RIC #1: Chicken 38F, 2D RIC #2: Side Salad 38F, 2D RIC #3: Milk 38F, X2 Milk Coolers: Milk 36-38F, X4 Drink Coolers: Water 36-40F, Hot Holding Units: Baked Beans 140F, Corndogs 156F, & Ambient 180-200F, Laundry / Mop Sink Area: OK, X2 Dry Storage: OK, Ice Machine: OK, Bathrooms: OK, Quat Test Strips: OK, 3CS: Quat 300ppm, Sanitizer Buckets / Spray: Quat 200-400ppm.

Email Address(es): fnshep@pasco.k12.fl.us;
kkimble@pasco.k12.fl.us;
psdavis@pasco.k12.fl.us;
fnshep@pasco.k12.fl.us;
cbanks@pasco.k12.fl.us;
dlharvey@pasco.k12.fl.us

Inspection Conducted By: Alissa Antonucci (61970)
Inspector Contact Number: Work: (727) 841-4425 ex.
Print Client Name:
Date: 9/14/2022

Inspector Signature:

Alissa Antonucci

Client Signature:

[Signature]

Form Number: DH 4023 03/18

51-48-01648 Crews Lake Middle School