

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



Facility Information

RESULT: Satisfactory

Permit Number: 51-48-1357439
Name of Facility: Fivay High School Indoor Concession (Level 2)
Address: 12115 Chicago Avenue
City, Zip: Hudson 34669

Type: School (9 months or less)
Owner: District School Board of Pasco County
Person In Charge: Clement, Brian Phone: (727) 246-4000
PIC Email: bclement@pasco.k12.fl.us

Inspection Information

Purpose: Routine
Inspection Date: 9/23/2022
Correct By: Next Inspection
Re-Inspection Date: None

Number of Risk Factors (Items 1-29): 2
Number of Repeat Violations (1-57 R): 0
Facility Grade: N/A
Stop Sale: No

Begin Time: 04:20 PM
End Time: 04:50 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
- NA** 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 (COS)

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

- OUT** 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
- NO** 21. Hot holding temperatures
- IN** 22. Cold holding temperatures
- IN** 23. Date marking and disposition
- IN** 24. Time as PHC; procedures & records

CONSUMER ADVISORY

- NA** 25. Advisory for raw/undercooked food

HIGHLY SUSCEPTIBLE POPULATIONS

- NA** 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

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

Inspector Signature:

Alessa Antonucci

Client Signature:

[Signature]

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Good Retail Practices

SAFE FOOD AND WATER	
<u>NA</u> 30. Pasteurized eggs used where required	<u>NA</u> 46. Slash resistant/cloth gloves used properly
<u>IN</u> 31. Water & ice from approved source	UTENSILS, EQUIPMENT AND VENDING
<u>NA</u> 32. Variance obtained for special processing	<u>IN</u> 47. Food & non-food contact surfaces
FOOD TEMPERATURE CONTROL	<u>IN</u> 48. Ware washing: installed, maintained, & used; test strips
<u>IN</u> 33. Proper cooling methods; adequate equipment	<u>IN</u> 49. Non-food contact surfaces clean
<u>NA</u> 34. Plant food properly cooked for hot holding	PHYSICAL FACILITIES
<u>IN</u> 35. Approved thawing methods	<u>IN</u> 50. Hot & cold water available; adequate pressure
<u>IN</u> 36. Thermometers provided & accurate	<u>OUT</u> 51. Plumbing installed; proper backflow devices
FOOD IDENTIFICATION	<u>IN</u> 52. Sewage & waste water properly disposed
<u>IN</u> 37. Food properly labeled; original container	<u>IN</u> 53. Toilet facilities: supplied, & cleaned
PREVENTION OF FOOD CONTAMINATION	<u>IN</u> 54. Garbage & refuse disposal
<u>IN</u> 38. Insects, rodents, & animals not present	<u>IN</u> 55. Facilities installed, maintained, & clean
<u>IN</u> 39. No Contamination (preparation, storage, display)	<u>IN</u> 56. Ventilation & lighting
<u>IN</u> 40. Personal cleanliness	<u>IN</u> 57. Permit; Fees; Application; Plans
<u>IN</u> 41. Wiping cloths: properly used & stored	
<u>NA</u> 42. Washing fruits & vegetables	
PROPER USE OF UTENSILS	
<u>IN</u> 43. In-use utensils: properly stored	
<u>IN</u> 44. Equipment & linens: stored, dried, & handled	
<u>IN</u> 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 #10. Handwashing sinks, accessible & supplies Ensure handwash sink is accessible at all times. Observed hot holding unit in front of handwash sink. Corrected on site.</p>
<p>Violation #16. Food-contact surfaces; cleaned & sanitized Maintain ice machine in clean and sanitary manner. Observed mold like build-up on top interior part of ice machine.</p>
<p>Violation #51. Plumbing installed; proper backflow devices Replace water filter per manufacture. Observed no date on water filter for ice machine.</p>

General Comments

Notes- HWS: 105F, 3CS: Not setup, RIC/RIF: Cookie Dough 38F / Frozen, Hot Holding Unit: Pizza 136F, Microwave: OK, Bathrooms: OK, 1D RIC: Drinks 38F.

Email Address(es): bclement@pasco.k12.fl.us;
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chtaylor@pasco.k12.fl.us;
mwicks@pasco.k12.fl.us

Inspector Signature:

Alicia Antonucci

Client Signature:

[Handwritten Signature]

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Inspection Conducted By: Alissa Antonucci (61970)
Inspector Contact Number: Work: (727) 841-4425 ex.
Print Client Name:
Date: 9/23/2022

Inspector Signature:

Alissa Antonucci

Client Signature:

[Handwritten Signature]