

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



**Facility Information**

**RESULT: Satisfactory**

Permit Number: 51-48-00216  
 Name of Facility: R B Cox Elementary School  
 Address: 37615 Martin Luther King Boulevard  
 City, Zip: Dade City 33525

Type: School (9 months or less)  
 Owner: Pasco County School Board  
 Person In Charge: Katelynne Nowlan      Phone: (352) 567-5360  
 PIC Email: KNowlan@pasco.k12.fl.us

**Inspection Information**

Purpose: Routine	Number of Risk Factors (Items 1-29): 0	Begin Time: 10:45 AM
Inspection Date: 10/26/2022	Number of Repeat Violations (1-57 R): 0	End Time: 12:15 PM
Correct By: Next Inspection	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**

- NA** 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**

- NA** 18. Cooking time & temperatures
- IN** 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**

- NA** 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**

<b>SAFE FOOD AND WATER</b>	
<b>NA</b> 30. Pasteurized eggs used where required	<b>IN</b> 46. Slash resistant/cloth gloves used properly
<b>IN</b> 31. Water & ice from approved source	<b>UTENSILS, EQUIPMENT AND VENDING</b>
<b>NA</b> 32. Variance obtained for special processing	<b>IN</b> 47. Food & non-food contact surfaces
<b>FOOD TEMPERATURE CONTROL</b>	<b>IN</b> 48. Ware washing: installed, maintained, & used; test strips
<b>IN</b> 33. Proper cooling methods; adequate equipment	<b>IN</b> 49. Non-food contact surfaces clean
<b>NO</b> 34. Plant food properly cooked for hot holding	<b>PHYSICAL FACILITIES</b>
<b>IN</b> 35. Approved thawing methods	<b>IN</b> 50. Hot & cold water available; adequate pressure
<b>IN</b> 36. Thermometers provided & accurate	<b>OUT</b> 51. Plumbing installed; proper backflow devices
<b>FOOD IDENTIFICATION</b>	<b>IN</b> 52. Sewage & waste water properly disposed
<b>IN</b> 37. Food properly labeled; original container	<b>IN</b> 53. Toilet facilities: supplied, & cleaned
<b>PREVENTION OF FOOD CONTAMINATION</b>	<b>OUT</b> 54. Garbage & refuse disposal
<b>IN</b> 38. Insects, rodents, & animals not present	<b>IN</b> 55. Facilities installed, maintained, & clean
<b>IN</b> 39. No Contamination (preparation, storage, display)	<b>IN</b> 56. Ventilation & lighting
<b>IN</b> 40. Personal cleanliness	<b>IN</b> 57. Permit; Fees; Application; Plans
<b>IN</b> 41. Wiping cloths: properly used & stored	
<b>NO</b> 42. Washing fruits & vegetables	
<b>PROPER USE OF UTENSILS</b>	
<b>IN</b> 43. In-use utensils: properly stored	
<b>IN</b> 44. Equipment & linens: stored, dried, & handled	
<b>IN</b> 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 #51. Plumbing installed; proper backflow devices Replace water filter per manufacture to ice machine. Observed expired water filter dated 03/2022. Manager stated work order is in.</p>
<p>Violation #54. Garbage &amp; refuse disposal Provide drain plugs for dumpster. Observed missing.</p>

**General Comments**

Notes- HWS: 110-121F, X2 2D RIC: Sliced Melon 40F & Side Salad 40F, X3 Hot Holding Units: Corn Dog 147F, Cheese Sticks 133F, & Chicken 180F, 1D RIC: Dressing 40F, WIC: 40F, WIF: Frozen, Ice Cream Freezer: Frozen, Dry Storage: OK, Dumpster: OK, X2 Microwaves: OK, Locker Room / Bathroom: OK, Chemical Room / Laundry: OK, Quat Test Strips: OK, High Temp Dish Machine: Disc Reading 192F, Sanitizer: Quat 400ppm, 4CS: 400ppm, FMC: ServSafe Katelynne Nowlan 20494872 Expires: 04/22/2026.

Email Address(es): KNowlan@pasco.k12.fl.us;  
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psdavis@pasco.k12.fl.us;  
cbanks@pasco.k12.fl.us

**Inspector Signature:**

*Anna Anonaci / [Signature]*

**Client Signature:**

*[Signature]*

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Inspection Conducted By: Alissa Antonucci (61970)  
Inspector Contact Number: Work: (727) 841-4425 ex.  
Print Client Name:  
Date: 10/26/2022

Inspector Signature:

*Alissa Antonucci / [Signature]*

Client Signature:

*[Signature]*

Form Number: DH 4023 03/18

51-48-00216 R B Cox Elementary School