

**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 Livermore      Phone: (727) 246-1600  
PIC Email: blivermo@pasco.k12.fl.us

**Inspection Information**

Purpose: Routine	Number of Risk Factors (Items 1-29): 0	Begin Time: 10:30 AM
Inspection Date: 1/20/2023	Number of Repeat Violations (1-57 R): 0	End Time: 11:30 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**

- NA** 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**

- 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**

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

Inspector Signature:

*Anissa Antenucci*

Client Signature:

*Bob E.*

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## 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

- OUT** 47. Food & non-food contact surfaces (**COS**)
- 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 #47. Food & non-food contact surfaces

Replace cutting board when it develops hard-to-clean grooves. Observed three white cutting boards with deep grooves. Discarded. Corrected on site.

## General Comments

Notes- HWS: 100-109F, WIC: Sliced Melon 38F, WIF: Frozen, 2D RIC #1: Side Salad 38F, 2D RIC #2: Sliced Melon 40F, 2D RIC #3: Cheese 38F, X2 Milk Coolers: Milk 40F, X4 Drink Coolers: Water, Hot Holding Units: Green Beans 135-140F, Chicken 135-150F, & Cheese Bread 140-147F, X2 Hot Holding Wells: Chicken 140F & Corn 135F, X2 Cold Holding Well: Side Salad 40F & Grapes 40F Laundry / Mop Sink Area: OK, X2 Dry Storage: OK, Ice Machine: OK, Bathrooms: OK, Quat Test Strips: OK, 3CS: Quat 400ppm, Sanitizer Buckets / Spray: Quat 200-400ppm.

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

Inspection Conducted By: Alissa Antonucci (61970)  
Inspector Contact Number: Work: (727) 841-4425 ex.  
Print Client Name:  
Date: 1/20/2023

Inspector Signature:

*Alissa Antonucci*

Client Signature:

*Bob E.*

Form Number: DH 4023 03/18

51-48-01648 Crews Lake Middle School