

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



Facility Information

RESULT: Satisfactory

Permit Number: 51-48-1352685
Name of Facility: Zephyrhills High School Indoor Concession (Level 2)
Address: 6335 12th Street
City, Zip: Zephyrhills 33542

Type: School (9 months or less)
Owner: District School Board of Pasco County
Person In Charge: Christina Stanley Phone: (813) 794-6100
PIC Email: cstanley@pasco.k12.fl.us

Inspection Information

Purpose: Routine
Inspection Date: 1/18/2024
Correct By: None
Re-Inspection Date: None

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

Begin Time: 07:15 PM
End Time: 07:45 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

- 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

- NA** 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:

Aileen Antonucci

Client Signature:

Dorothy Ruff

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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>NO</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>NO</u> 35. Approved thawing methods | <u>IN</u> 50. Hot & cold water available; adequate pressure |
| <u>IN</u> 36. Thermometers provided & accurate | <u>IN</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

Violation #10. Handwashing sinks, accessible & supplies
Provide paper towels for handwash sink. Observed no paper towels. Corrected on site.

General Comments

Reminder: Use 3-compartment sink in cafeteria kitchen or football concession stand to wash, rinse, and sanitize when required. Ensure handwash sink is not utilized to wash dishes.

Please ensure all food service volunteers are trained for each season. Food Code requires annual food safety refresher training done every year.

Notes- RIC/RIF: Hotdogs 40F / Frozen, 1D RIC: Drinks 40F, 2CS/HWS: 110F, Dry Storage: OK, Hot Dog Holding Unit: Hot Dog 135-145F, Bathrooms: OK, Microwave: OK.

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Inspector Signature:

Aileen Antonucci

Client Signature:

Dorothy Ruff

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Inspection Conducted By: Alissa Antonucci (00904)
Inspector Contact Number: Work: (813) 455-9958 ex.
Print Client Name: D. Boyette
Date: 1/18/2024

Inspector Signature:

Alissa Antonucci

Client Signature:

Dorothy Boyette

Form Number: DH 4023 03/18

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