

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



**Facility Information**

**RESULT: Satisfactory**

Permit Number: 51-48-1352706  
 Name of Facility: Hudson High School Softball Concession (Level 3)  
 Address: 14410 Cobra Way  
 City, Zip: Hudson 34669  
  
 Type: School (9 months or less)  
 Owner: District School Board of Pasco County  
 Person In Charge: Beatty-Woodall, Alondra      Phone: (727) 774-4200  
 PIC Email: abeatty@pasco.k12.fl.us

**Inspection Information**

Purpose: Routine	Number of Risk Factors (Items 1-29): 2	Begin Time: 10:50 AM
Inspection Date: 3/12/2025	Number of Repeat Violations (1-57 R): 0	End Time: 11:15 AM
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
- 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**

- NO** 6. Proper eating, tasting, drinking, or tobacco use
- NO** 7. No discharge from eyes, nose, and mouth

**PREVENTING CONTAMINATION BY HANDS**

- NO** 8. Hands clean & properly washed
- NO** 9. No bare hand contact with RTE food
- OUT** 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
- 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
- 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
- OUT** 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>	
<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	<b>UTENSILS, EQUIPMENT AND VENDING</b>
<u>NA</u> 32. Variance obtained for special processing	<u>IN</u> 47. Food & non-food contact surfaces
<b>FOOD TEMPERATURE CONTROL</b>	<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	<b>PHYSICAL FACILITIES</b>
<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
<b>FOOD IDENTIFICATION</b>	<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
<b>PREVENTION OF FOOD CONTAMINATION</b>	<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>NO</u> 42. Washing fruits & vegetables	
<b>PROPER USE OF UTENSILS</b>	
<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 &amp; supplies Discontinue washing dishes in handwash sink. Observed sponge and utensil in handwash sink, indicating dishes are being washed in handwash sink.</p>
<p>Violation #28. Toxic substances identified, stored, &amp; used Label exterior of spary bottle with the name of the content. Observed spray bottle not labeled.</p>

**General Comments**

<p>REMINDER:</p> <p>-All dishes must be washed in an approved three-compartment sink or the concession stand will be required to use single-use / disposable items to remain in compliance with the Department of Health.</p> <p>-Ensure all food service volunteers are trained for each season. Food Code requires annual food safety refresher training done every year.</p> <p>Notes- HWS: 105F, RIC / RIF: Cheese 40F / Frozen, 1D RIC: Drinks 40F, Microwave: OK, Bathrooms: OK.</p> <p>Email Address(es): asolisso@pasco.k12.fl.us; abeatty@pasco.k12.fl.us; fnshelp@pasco.k12.fl.us; trhicks@pasco.k12.fl.us; mwicks@pasco.k12.fl.us</p>
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Inspector Signature:

Client Signature:

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Inspection Conducted By: Alissa Antonucci (00904)  
Inspector Contact Number: Work: (813) 455-9958 ex.  
Print Client Name: A. Solisso  
Date: 3/12/2025

Inspector Signature:

Handwritten signature of Alissa Antonucci in black ink.

Client Signature:

Handwritten signature of A. Solisso in black ink.