

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



**Facility Information**

**RESULT: Satisfactory**

Permit Number: 51-48-1357429  
 Name of Facility: Zephyrhills High School Baseball Concession (Level 3)  
 Address: 6335 12th Street  
 City, Zip: Zephyrhills 33539

Type: School (9 months or less)  
 Owner: District School Board of Pasco County  
 Person In Charge: District School Board of Pasco County      Phone: (813) 794-0100  
 PIC Email: bcimorel@pasco.k12.fl.us

**Inspection Information**

Purpose: Routine	Number of Risk Factors (Items 1-29): 0	Begin Time: 10:40 AM
Inspection Date: 2/20/2025	Number of Repeat Violations (1-57 R): 0	End Time: 11:10 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
- IN** 10. Handwashing sinks, accessible & supplies

**APPROVED SOURCE**

- IN** 11. Food obtained from approved source
- IN** 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
- NA** 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:

Client Signature:

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



**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>IN</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>OUT</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>OUT</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	
<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**

Violation #53. Toilet facilities: supplied, & cleaned Provide covered waste receptacles in women's restroom. Observed two missing covered waste receptacles in stalls.
Violation #55. Facilities installed, maintained, & clean Re-paint bathroom floor where the paint is chipped / lifting. Observed bathroom floor paint chipped / lifting near handicap stall. Repeat violation.

**General Comments**

REMINDER:  
Use 3-compartment sink in cafeteria kitchen 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- HWS: 110F, X2 RIC / RIF: Drinks 38F / Frozen, Microwave: OK, Bathrooms: OK.

Email Address(es): bcimorel@pasco.k12.fl.us;  
fnshelp@pasco.k12.fl.us;  
jkiedais@pasco.k12.fl.us;  
mwicks@pasco.k12.fl.us;  
dboyette@pasco.k12.fl.us;  
tdobbins@pasco.k12.fl.us

Inspector Signature:

Client Signature:

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



Inspection Conducted By: Alissa Antonucci (00904)  
Inspector Contact Number: Work: (813) 455-9958 ex.  
Print Client Name:  
Date: 2/20/2025

Inspector Signature:

Handwritten signature of Alissa Antonucci in black ink.

Client Signature:

Handwritten signature of the client in black ink.