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



## **Facility Information**

#### **RESULT:** Satisfactory

Permit Number: 51-48-2687215 Name of Facility: Zephyrhills High School Softball Concession (Level 3) Address: 6335 12th Street City, Zip: Zephyrhills 33542

Type: School (9 months or less) Owner: District School Board of Pasco County Person In Charge: District School Board of Pasco County PIC Email: jkiedais@pasco.k12.fl.us

#### **Inspection Information**

Purpose: Routine Inspection Date: 2/20/2025 Correct By: Next Inspection **Re-Inspection Date: None**  Number of Risk Factors (Items 1-29): 2 Number of Repeat Violations (1-57 R): 0 FacilityGrade: N/A StopSale: No Begin Time: 10:15 AM End Time: 10:40 AM

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
- 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
- OUT 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
- N 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**

#### 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
- NA 34. Plant food properly cooked for hot holding
- NO 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
- NA 42. Washing fruits & vegetables
  - PROPER USE OF UTENSILS
- N 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
- 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
  - 51. Plumbing installed; proper backflow devices
  - IN 52. Sewage & waste water properly disposed
  - N 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 #10. Handwashing sinks, accessible & supplies Discontinue washing dishes in handwash sink. Observed sponge at handwash sink, indicating dishes are being washed not in 3-compartment sink.

Violation #23. Date marking and disposition

Label ready-to-eat, time-temperature controlled for safety (TCS) foods in refrigerator. Discard within 7 days. Observed two crockpots of cheese and shredded meat with no date labels in refrigerator.

Violation #47. Food & non-food contact surfaces Repair drawer. Observed front drawer to be broken. Repeat violation.

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**Client Signature:** 

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## **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, RIC / RIF: Cheese and Meat 38F, Microwave: OK, Bathroom: OK.

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

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

**Inspector Signature:** 

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**Client Signature:** 

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