


# Food Establishment Inspection Report

	<b>Facility Type:</b> <input type="checkbox"/> Adult Day Care <input type="checkbox"/> Afterschool Meal Prog <input type="checkbox"/> Assisted Living	<input type="checkbox"/> Bar/Lounge <input type="checkbox"/> Civic <input type="checkbox"/> Crisis Stabilization Unit <input type="checkbox"/> Detention Fac.	<input type="checkbox"/> Domestic Violence <input type="checkbox"/> Fraternal Org. <input type="checkbox"/> Home for Special Services <input type="checkbox"/> Hospice	<input type="checkbox"/> Intermediate Care DD <input type="checkbox"/> Migrant Housing <input type="checkbox"/> Movie Theater	<input type="checkbox"/> PPEC <input type="checkbox"/> Recreational Camp <input type="checkbox"/> Residential Treatment Fac. <input checked="" type="checkbox"/> School	<input type="checkbox"/> Short-term Res Treat <input type="checkbox"/> Transitional Living Fac
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**PURPOSE:**  Routine  Reinspection  Construction  Complaint  Consultation  Change of Ownership  Epidemiology  Temporary Event  Other

<b>Name of Establishment:</b> <u>Geneva Elementary</u>		<b>RESULTS:</b> <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Incomplete <input type="checkbox"/> Closure <input type="checkbox"/> Out of Business	<b>Correct by:</b> <input checked="" type="checkbox"/> Next Routine Inspection <input type="checkbox"/> 8 A.M. on _____ (Date)		<b>Stop Sale Issued</b> <input type="checkbox"/>
<b>Address:</b> <u>275 1st Street</u> City: <u>Geneva</u>					
<b>ZIP Code:</b> <u>32732</u>	<b>Name of Person in Charge:</b> <u>Jerry Lindsay</u>				
<b>Telephone:</b> <u>407-320-4958</u>		<b>Person in Charge Email:</b>			
<b>Date (MM/DD/YY)</b> <u>01/17/19</u>	<b>Begin Time AM/PM</b> <u>12:00</u>	<b>End Time AM/PM</b> <u>1:15</u>	<b>Permit Number</b> <u>5948-00116</u>	<b>Position Number</b> <u>03104</u>	
<b>FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS</b>					

Indicate the compliance status: Mark an "X" under the compliance status. 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. Mark an "X" in the appropriate box for: COS=violation corrected on site; R=repeat violation from previous inspection

Compliance Status		Compliance Status	
IN	OUT N/A NO	IN	OUT N/A NO
<b>Supervision</b>			
1	<input checked="" type="checkbox"/>	Demonstration of Knowledge/Training	
2	<input checked="" type="checkbox"/>	Certified Manager/Person in Charge present	
<b>Employee Health</b>			
3	<input checked="" type="checkbox"/>	Knowledge, responsibilities and reporting	
4	<input checked="" type="checkbox"/>	Proper use of restriction and exclusion	
5	<input checked="" type="checkbox"/>	Responding to vomiting & diarrheal events	
<b>Good Hygienic Practices</b>			
6	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco use	
7	<input type="checkbox"/>	No discharge from eyes, nose, and mouth	
<b>Preventing Contamination by Hands</b>			
8	<input type="checkbox"/>	Hands clean & properly washed	
9	<input type="checkbox"/>	No bare hand contact with RTE food	
10	<input checked="" type="checkbox"/>	Handwashing sinks, accessible & supplies	
<b>Approved Source</b>			
11	<input checked="" type="checkbox"/>	Food obtained from approved source	
12	<input type="checkbox"/>	Food received at proper temperature	
13	<input checked="" type="checkbox"/>	Food in good condition, safe, & unadulterated	
14	<input type="checkbox"/>	Shellstock tags & parasite destruction	
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.			
<b>Protection from Contamination</b>			
15	<input checked="" type="checkbox"/>	Food separated & protected, single-use gloves	
16	<input checked="" type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	
17	<input type="checkbox"/>	Proper disposal of unsafe food	
<b>Time/Temperature Control for Safety</b>			
18	<input type="checkbox"/>	Cooking time & temperatures	
19	<input checked="" type="checkbox"/>	Reheating procedures for hot holding	
20	<input type="checkbox"/>	Cooling time and temperature	
21	<input checked="" type="checkbox"/>	Hot holding temperatures	
22	<input checked="" type="checkbox"/>	Cold holding temperatures	
23	<input checked="" type="checkbox"/>	Date marking and disposition	
24	<input checked="" type="checkbox"/>	Time as PHC; procedures & records	
<b>Consumer Advisory</b>			
25	<input checked="" type="checkbox"/>	Advisory for raw/undercooked food	
<b>Highly Susceptible Populations</b>			
26	<input type="checkbox"/>	Pasteurized foods used; No prohibited foods	
<b>Additives and Toxic Substances</b>			
27	<input type="checkbox"/>	Food additives: approved & properly used	
28	<input checked="" type="checkbox"/>	Toxic substances identified, stored, & used	
<b>Approved Procedures</b>			
29	<input type="checkbox"/>	Variance/specialized process/HACCP	
Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.			

## GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

IN		OUT N/A NO		COS		R	
<b>Safe Food and Water</b>							
30	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Pasteurized eggs used where required							
31	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Water & ice from approved source							
32	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Variance obtained for special processing							
<b>Food Temperature Control</b>							
33	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
Proper cooling methods; adequate equipment							
34	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
Plant food properly cooked for hot holding							
35	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
Approved thawing methods							
36	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Thermometers provided & accurate							
<b>Food Identification</b>							
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Food properly labeled; original container							
<b>Prevention of Food Contamination</b>							
38	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Insects, rodents, & animals not present							
39	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
No Contamination (preparation, storage, display)							
40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Personal cleanliness							
41	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Wiping cloths: properly used & stored							
42	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
Washing fruits & vegetables							
<b>Proper Use of Utensils</b>							
43	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Utensils: properly stored							
44	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Equipment & linens: stored, dried, & handled							
45	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Single-use/single-service articles: stored & used							
46	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
Splash-resistant/cloth gloves used properly							
<b>Utensils, Equipment and Vending</b>							
47	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Food & non-food contact surfaces							
48	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Warewashing: installed, maintained, used; test strips							
49	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Non-food contact surfaces clean							
<b>Physical Facilities</b>							
50	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Hot & cold water available; under pressure							
51	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Plumbing installed; proper backflow devices							
52	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Sewage & waste water properly disposed							
53	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Toilet facilities: supplied & cleaned							
54	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Garbage & refuse disposal							
55	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Facilities installed, maintained, & clean							
56	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Ventilation & lighting							
57	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Permit, Fees, Application; Plans							

By typing my signature, in the signature space provided below, I agree to create an electronic record and to adopt the electronic symbol created by me as a manifestation of my signature on the electronic record, which shall have the same force and effect as a written signature and record, in accordance with s. 668.50, Fla. Stat. (2017) and 15 U.S.C. s. 7001 (2009).

**Person in Charge (Print & Signature)** Jerry Lindsay *Jerry Lindsay* Date: 1/17/19

**Inspector (Print & Signature)** Debra B. Cerrato *Debra B. Cerrato* Phone: 407-665-3618

# Food Establishment Inspection Report

Name of Establishment: Geneva Elementary Permit Number: 59-48-00116 Date: 01/17/19

## TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Macaroni/Line	150°	MILK/cooler box	40°	Walking cooler	30°
Chicken Nuggets/line	128°	hot holding Unit	158°	Walking Freezer	-6°
beans/line	152°	cold holding Unit	39°		
MAC/HAM	156°				

## OBSERVATIONS AND CORRECTIVE ACTIONS

Violations cited in this report must be corrected

Violation Number

2) chicken nuggets hot holding T° at 128°. Need to be at 135° or greater

By typing my signature, in the signature space provided below, I agree to create an electronic record and to adopt the electronic symbol created by me as a manifestation of my signature on the electronic record, which shall have the same force and effect as a written signature and record, in accordance with s 668.50, Fla. Stat. (2017) and 15 U.S.C. s. 7001 (2000).

Person in Charge (Signature)

*[Handwritten Signature]*

Date

1/17/19

Inspector (Signature)

*[Handwritten Signature]*

Date

01/17/19

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