

Food Establishment Inspection Report

NW
1/4/19

	Facility Type: <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 _____

Name of Establishment: <u>Layer Elementary school</u> Address: <u>4201 S.R 419</u> City: <u>Winter Springs</u> ZIP Code: <u>32708</u> Name of Person in Charge: <u>Darlene Cokeroff</u> Telephone: <u>407-871-8052</u> Person in Charge Email: <u>BudlayerElementary.Cafe</u>	RESULTS: <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Incomplete <input type="checkbox"/> Closure <input type="checkbox"/> Out of Business	Correct by: <input checked="" type="checkbox"/> Next Routine Inspection <input type="checkbox"/> 8 A.M. on _____ (Date) Number of Risk Factors/Intervention Violations Marked "OUT" (Items 1-29) <u>0</u> Number of Repeat Violations (1-57 R) _____
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FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

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	IN	OUT	N/A	N/O	COS	R
Supervision						
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Demonstration of Knowledge/Training						
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Certified Manager/Person in Charge present						
Employee Health						
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Knowledge, responsibilities and reporting						
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Proper use of restriction and exclusion						
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Responding to vomiting & diarrheal events						
Good Hygienic Practices						
6	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Proper eating, tasting, drinking, or tobacco use						
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
No discharge from eyes, nose, and mouth						
Preventing Contamination by Hands						
8	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Hands clean & properly washed						
9	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
No bare hand contact with RTE food						
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Handwashing sinks, accessible & supplies						
Approved Source						
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Food obtained from approved source						
12	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Food received at proper temperature						
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Food in good condition, safe, & unadulterated						
14	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Shellstock tags & parasite destruction						

Compliance Status	IN	OUT	N/A	N/O	COS	R
Protection from Contamination						
15	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Food separated & protected; single-use gloves						
16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Food-contact surfaces, cleaned & sanitized						
17	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Proper disposal of unsafe food						
Time/Temperature Control for Safety						
18	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Cooking time & temperatures						
19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Reheating procedures for hot holding						
20	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Cooling time and temperature						
21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Hot holding temperatures						
22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Cold holding temperatures						
23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Date marking and disposition						
24	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Time as PHC, procedures & records						
Consumer Advisory						
25	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Advisory for raw/undercooked food						
Highly Susceptible Populations						
26	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Pasteurized foods used; No prohibited foods						
Additives and Toxic Substances						
27	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Food additives: approved & properly used						
28	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Toxic substances identified, stored, & used						
Approved Procedures						
29	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Variance/specialized process/HACCP						

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.

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.

Compliance Status	IN	OUT	N/A	N/O	COS	R
Safe Food and Water						
30	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>		
Water & ice from approved source						
32	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Variance obtained for special processing						
Food Temperature Control						
33	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Proper cooling methods; adequate equipment						
34	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Plant food properly cooked for hot holding						
35	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Approved thawing methods						
36	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Thermometers provided & accurate						
Food Identification						
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Food properly labeled; original container						
Prevention of Food Contamination						
38	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Insects, rodents, & animals not present						
39	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
No Contamination (preparation, storage, display)						
40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Personal cleanliness						
41	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Wiping cloths: properly used & stored						
42	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Washing fruits & vegetables						

Compliance Status	IN	OUT	N/A	N/O	COS	R
Proper Use of Utensils						
43	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Utensils: properly stored						
44	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Equipment & linens: stored, dried, & handled						
45	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>		
Slash-resistant/cloth gloves used properly						
Utensils, Equipment and Vending						
47	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Food & non-food contact surfaces						
48	<input checked="" type="checkbox"/>	<input 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"/>	<input type="checkbox"/>		
Non-food contact surfaces clean						
Physical Facilities						
50	<input checked="" type="checkbox"/>	<input 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"/>	<input type="checkbox"/>		
Plumbing installed; proper backflow devices						
52	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Sewage & waste water properly disposed						
53	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Toilet facilities: supplied & cleaned						
54	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Garbage & refuse disposal						
55	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Facilities installed, maintained, & clean						
56	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Ventilation & lighting						
57	<input checked="" type="checkbox"/>	<input 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 (2000).

Person in Charge (Print & Signature): Darlene K Cokeroff Darlene Cokeroff **Date:** 12-20-18

Inspector (Print & Signature): Dedrus B Carrato Dedrus Carrato **Phone:** 12/20/18

