

Food Establishment Inspection Report

M/11/19

	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>Lawton Chiles Middle</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"/> # A.M. on _____ (Date) Stop Sale Issued _____	
Address: <u>1240 Sanctuary Drive</u> City: <u>Oredo</u>							
ZIP Code: <u>32765</u>		Name of Person in Charge: <u>Patrick F.</u>					
Telephone: _____		Person in Charge Email: <u>Lawtonchilesmiddlecafe</u>					
Date (MM/DD/YY) <u>01/07/19</u>	Begin Time AM/PM <u>12:30</u>	End Time AM/PM <u>1:45</u>	Permit Number <u>59-48-00460</u>	Position Number <u>031104</u>	Number of Risk Factors/Intervention Violations Marked "OUT" (Items 1-28) <u>1</u>		Number of Repeat Violations (1-57 R) <u>0</u>

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		Compliance Status	
IN	OUT	IN	OUT
Supervision			
1	<input checked="" type="checkbox"/>	Demonstration of Knowledge/Training	
2	<input checked="" type="checkbox"/>	Certified Manager/Person in Charge present	
Employee Health			
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	
Good Hygienic Practices			
6	<input checked="" type="checkbox"/>	Proper eating, tasting, drinking, or tobacco use	
7	<input checked="" type="checkbox"/>	No discharge from eyes, nose, and mouth	
Preventing Contamination by Hands			
8	<input checked="" type="checkbox"/>	Hands clean & properly washed	
9	<input checked="" type="checkbox"/>	No bare hand contact with RTE food	
10	<input checked="" type="checkbox"/>	Handwashing sinks, accessible & supplies	
Approved Source			
11	<input checked="" type="checkbox"/>	Food obtained from approved source	
12	<input checked="" type="checkbox"/>	Food received at proper temperature	
13	<input checked="" type="checkbox"/>	Food in good condition, safe, & unadulterated	
14	<input checked="" 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.

Compliance Status		Compliance Status	
IN	OUT	IN	OUT
Protection from Contamination			
15	<input checked="" type="checkbox"/>	Food separated & protected; single-use gloves	
16	<input checked="" type="checkbox"/>	Food-contact surfaces; cleaned & sanitized	
17	<input checked="" type="checkbox"/>	Proper disposal of unsafe food	
Time/Temperature Control for Safety			
18	<input checked="" type="checkbox"/>	Cooking time & temperatures	
19	<input checked="" type="checkbox"/>	Reheating procedures for hot holding	
20	<input checked="" 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	
Consumer Advisory			
25	<input checked="" type="checkbox"/>	Advisory for raw/undercooked food	
Highly Susceptible Populations			
26	<input checked="" type="checkbox"/>	Pasteurized foods used; No prohibited foods	
Additives and Toxic Substances			
27	<input checked="" type="checkbox"/>	Food additives: approved & properly used	
28	<input checked="" type="checkbox"/>	Toxic substances identified, stored, & used	
Approved Procedures			
29	<input checked="" 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		N/O		COS		R	
Safe Food and Water											
30	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pasteurized eggs used where required											
31	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water & ice from approved source											
32	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Variance obtained for special processing											
Food Temperature Control											
33	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper cooling methods; adequate equipment											
34	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plant food properly cooked for hot holding											
35	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Approved thawing methods											
36	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insects, rodents, & animals not present											
39	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No Contamination (preparation, storage, display)											
40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal cleanliness											
41	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wiping cloths: properly used & stored											
42	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Washing fruits & vegetables											

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. 868.50, Fla. Stat. (2017) and 15 U.S.C. s. 7001 (2000).

Person in Charge (Print & Signature) <u>PATRICK FLOEGER</u> <i>Flueger</i>	Date: <u>1-7-19</u>
Inspector (Print & Signature) <u>Delmys B. Carrato</u> <i>DelmBento</i>	Phone: <u>407-465-3618</u>

Food Establishment Inspection Report

Name of Establishment: Lawton Charles Middle	Permit Number: 	Date: 1/7/19
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TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Flame Grilled burger/h	137°	Milk/cold drink	38°	Hot holding drink	201°
Pizza/hot holding h.	137°	walking cooler	35°	Walking Freezer	-4°
Black bean Burger/h	140°				
Fries/hot holding/h	127°				

OBSERVATIONS AND CORRECTIVE ACTIONS

Violations cited in this report must be corrected

Violation Number	Observations and Corrective Actions
21	French Fries hot holding at 127° less than 135° hot holding

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Person in Charge (Signature) Thyege	Date 1-7-19
Inspector (Signature) D. M. [unclear]	Date 01/07/19