

Food Establishment Inspection Report

11/14/19

	Facility Type:	<input type="checkbox"/> Bar/Lounge	<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Intermediate Care DD	<input type="checkbox"/> PPEC
	<input type="checkbox"/> Adult Day Care	<input type="checkbox"/> Civic	<input type="checkbox"/> Fraternal Org.	<input type="checkbox"/> Migrant Housing	<input type="checkbox"/> Recreational Camp
	<input type="checkbox"/> Afterschool Meal Prog	<input type="checkbox"/> Crisis Stabilization Unit	<input type="checkbox"/> Home for Special Services	<input type="checkbox"/> Movie Theater	<input type="checkbox"/> Residential Treatment Fac.
	<input type="checkbox"/> Assisted Living	<input type="checkbox"/> Detention Fac.	<input type="checkbox"/> Hospice	<input checked="" type="checkbox"/> School	<input type="checkbox"/> Short-term Res Treat

PURPOSE: Routine Reinspection Construction Complaint Consultation Change of Ownership Epidemiology Temporary Event Other _____

Name of Establishment: Pinecrest Elementary				RESULTS:		Correct by:	
Address: 405 W 27th Street City: Sanford				<input checked="" type="checkbox"/> Satisfactory	<input checked="" type="checkbox"/> Next Routine Inspection	Stop Safe Issued	
ZIP Code: 32771 Name of Person in Charge: Erika Stormer				<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> 8 A.M. on _____ (Date)		
Telephone: 407-320-5452 Person in Charge Email: pinecrest@k12.sanford.fl.us				<input type="checkbox"/> Incomplete			
Date (MM/DD/YY)	Begin Time AM/PM	End Time AM/PM	Permit Number	Position Number	Number of Risk Factors/Interventions Violations Marked "OUT" (Items 1-29) 2		
12/11/18	11:45	12:50	59-48-00283	031104	Number of Repeat Violations (1-57 R) 0		

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

Compliance Status		IN		OUT		N/A		N/O		COS		R	
Protection from Contamination													
15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
		Food separated & protected; single-use gloves											
16	<input checked="" type="checkbox"/>	<input type="checkbox"/>											
		Food-contact surfaces; cleaned & sanitized											
17	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>										
		Proper disposal of unsafe food											
Time/Temperature Control for Safety													
18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>									
		Cooking time & temperatures											
19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>									
		Reheating procedures for hot holding											
20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>									
		Cooling time and temperature											
21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
		Hot holding temperatures											
22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
		Cold holding temperatures											
23	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>										
		Date marking and disposition											
24	<input checked="" 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"/>										
		Advisory for raw/undercooked food											
Highly Susceptible Populations													
26	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>										
		Pasteurized foods used; No prohibited foods											
Additives and Toxic Substances													
27	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>										
		Food additives: approved & properly used											
28	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>										
		Toxic substances identified, stored, & used											
Approved Procedures													
29	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>										
		Water & ice from approved source											
32	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>										
		Variance obtained for special processing											
Food Temperature Control													
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>									
		Proper cooling methods; adequate equipment											
34	<input type="checkbox"/>	<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 type="checkbox"/>	<input checked="" type="checkbox"/>									
		Approved thawing methods											
36	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
		Thermometers provided & accurate											
Food Identification													
37	<input checked="" 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"/>										
		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 checked="" type="checkbox"/>	<input 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"/>										
		Utensils: properly stored											
44	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
		Equipment & linens: stored, dried, & handled											
45	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>										
		Single-use/single-service articles: stored & used											
46	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>										
		Slash-resistant/cloth gloves used properly											
Utensils, Equipment and Vending													
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											
Physical Facilities													
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 (2000).

Person in Charge (Print & Signature) Erika Stormer *E Stormer* **Date:** 12/11/18

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

