

# Food Establishment Inspection Report

Milled  
12/18/18

	<b>Facility Type:</b>		<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"/> Short-term Res Treat
<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"/> Transitional Living Fac	
<input type="checkbox"/> Assisted Living	<input type="checkbox"/> Detention Fac.	<input type="checkbox"/> Hospice		<input checked="" type="checkbox"/> School		

**PURPOSE:**  Routine  Reinspection  Construction  Complaint  Consultation  Change of Ownership  Epidemiology  Temporary Event  Other \_\_\_\_\_

<b>Name of Establishment:</b> Joan Walker Elementary School				<b>RESULTS:</b>		<b>Correct by:</b>	
<b>Address:</b> 3101 Snow Hill Rd				<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Incomplete <input type="checkbox"/> Closure <input type="checkbox"/> Out of Business		<input checked="" type="checkbox"/> Next Routine Inspection _____ (Date)	
<b>City:</b> Chuquota						<b>Stop Sale Issued</b>	
<b>ZIP Code:</b> 32766		<b>Name of Person in Charge:</b> Norma Muniz					
<b>Telephone:</b> 407-8713358		<b>Person in Charge Email:</b> joanwalker@joe.k12.fl.us					
<b>Date (MM/DD/YY):</b> 12/6/18	<b>Begin Time AM/PM:</b> 12:15	<b>End Time AM/PM:</b> 1:15	<b>Permit Number:</b> 59-48-00527	<b>Position Number:</b> 031104	<b>Number of Risk Factors/Intervention Violations Marked "OUT" (Items 1-29):</b> _____		<b>Number of Repeat Violations (1-57 R):</b> _____

### 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	
<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 checked="" type="checkbox"/>	Proper eating, tasting, drinking, or tobacco use			
7	<input checked="" type="checkbox"/>	No discharge from eyes, nose, and mouth			
<b>Preventing Contamination by Hands</b>					
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			
<b>Approved Source</b>					
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			

Compliance Status		IN OUT N/A N/O		COS R	
<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 checked="" type="checkbox"/>	Proper disposal of unsafe food			
<b>Time/Temperature Control for Safety</b>					
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			
<b>Consumer Advisory</b>					
25	<input checked="" type="checkbox"/>	Advisory for raw/undercooked food			
<b>Highly Susceptible Populations</b>					
26	<input checked="" type="checkbox"/>	Pasteurized foods used; No prohibited foods			
<b>Additives and Toxic Substances</b>					
27	<input checked="" type="checkbox"/>	Food additives: approved & properly used			
28	<input checked="" type="checkbox"/>	Toxic substances identified, stored, & used			
<b>Approved Procedures</b>					
29	<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	
<b>Safe Food and Water</b>					
30	<input checked="" type="checkbox"/>	Pasteurized eggs used where required			
31	<input checked="" type="checkbox"/>	Water & ice from approved source			
32	<input checked="" type="checkbox"/>	Variance obtained for special processing			
<b>Food Temperature Control</b>					
33	<input checked="" type="checkbox"/>	Proper cooling methods; adequate equipment			
34	<input checked="" type="checkbox"/>	Plant food properly cooked for hot holding			
35	<input checked="" type="checkbox"/>	Approved thawing methods			
36	<input checked="" type="checkbox"/>	Thermometers provided & accurate			
<b>Food Identification</b>					
37	<input checked="" type="checkbox"/>	Food properly labeled; original container			
<b>Prevention of Food Contamination</b>					
38	<input checked="" type="checkbox"/>	Insects, rodents, & animals not present			
39	<input checked="" type="checkbox"/>	No Contamination (preparation, storage, display)			
40	<input checked="" type="checkbox"/>	Personal cleanliness			
41	<input checked="" type="checkbox"/>	Wiping cloths: properly used & stored			
42	<input checked="" type="checkbox"/>	Washing fruits & vegetables			

Compliance Status		IN OUT N/A N/O		COS R	
<b>Proper Use of Utensils</b>					
43	<input checked="" type="checkbox"/>	Utensils: properly stored			
44	<input checked="" type="checkbox"/>	Equipment & linens: stored, dried, & handled			
45	<input checked="" type="checkbox"/>	Single-use/single-service articles: stored & used			
46	<input checked="" type="checkbox"/>	Slash-resistant/cloth gloves used properly			
<b>Utensils, Equipment and Vending</b>					
47	<input checked="" type="checkbox"/>	Food & non-food contact surfaces			
48	<input checked="" type="checkbox"/>	Warewashing: installed, maintained, used, test strips			
49	<input checked="" type="checkbox"/>	Non-food contact surfaces clean			
<b>Physical Facilities</b>					
50	<input checked="" type="checkbox"/>	Hot & cold water available; under pressure			
51	<input checked="" type="checkbox"/>	Plumbing installed; proper backflow devices			
52	<input checked="" type="checkbox"/>	Sewage & waste water properly disposed			
53	<input checked="" type="checkbox"/>	Toilet facilities: supplied & cleaned			
54	<input checked="" type="checkbox"/>	Garbage & refuse disposal			
55	<input checked="" type="checkbox"/>	Facilities installed, maintained, & clean			
56	<input checked="" type="checkbox"/>	Ventilation & lighting			
57	<input checked="" 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):** Norma Muniz **Date:** 12-6-18

**Inspector (Print & Signature):** Delmy B. Corrado **Phone:** 407-665-3618

# Food Establishment Inspection Report

<b>Name of Establishment:</b> Joan Walker Elementary	<b>Permit Number:</b> 59-48-00527	<b>Date:</b> 12/6/18
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## TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Hot holding unit	159°	Milk / pocket	35°	walking cooler/unit	38°
cold holding unit	39°			walking freezer/unit	
				walking freezer/unit	0°

## OBSERVATIONS AND CORRECTIVE ACTIONS

Violations cited in this report must be corrected

Violation Number	Description
48	sanitizing test strip were expired

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<b>Person in Charge (Signature)</b> <i>Donnamui</i>	<b>Date</b> 12-6-18
<b>Inspector (Signature)</b> <i>Pelumbanti</i>	<b>Date</b> 12/6/18
	<b>Page</b> 2 of 2