

Food Establishment Inspection Report

NW
11/10/19

	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"/> 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			

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

Name of Establishment: Jackson Heights Middle school				RESULTS:		Correct by:	
Address: 41 Academy Drive City: Orlando				<input checked="" type="checkbox"/> Satisfactory		<input checked="" type="checkbox"/> Next Routine Inspection	
ZIP Code: 32765		Name of Person in Charge: Lee Ann Golden		<input type="checkbox"/> Unsatisfactory		<input type="checkbox"/> 9 A.M. on _____	
Telephone:		Person in Charge Email: JacksonHeightsMiddle-Cafe@		<input type="checkbox"/> Incomplete		(Date)	
Date (MM/DD/YY): 01/07/19	Begin Time AM/PM: 10:45	End Time AM/PM: 12:15	Permit Number: 59-48-00164	Position Number: 031104	<input type="checkbox"/> Closure	Number of Risk Factors/Intervention Violations Marked "OUT" (Items 1-28): 1	
						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		Compliance Status	
IN	OUT	IN	OUT
Supervision			
<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1 <input checked="" type="checkbox"/> <input type="checkbox"/> Demonstration of Knowledge/Training			
<input checked="" type="checkbox"/>	<input type="checkbox"/>		
2 <input checked="" type="checkbox"/> <input type="checkbox"/> Certified Manager/Person in Charge present			
Employee Health			
<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3 <input checked="" type="checkbox"/> <input type="checkbox"/> Knowledge, responsibilities and reporting			
<input checked="" type="checkbox"/>	<input type="checkbox"/>		
4 <input checked="" type="checkbox"/> <input type="checkbox"/> Proper use of restriction and exclusion			
<input checked="" type="checkbox"/>	<input type="checkbox"/>		
5 <input checked="" type="checkbox"/> <input type="checkbox"/> Responding to vomiting & diarrheal events			
Good Hygienic Practices			
<input checked="" type="checkbox"/>	<input type="checkbox"/>		
6 <input checked="" type="checkbox"/> <input type="checkbox"/> Proper eating, tasting, drinking, or tobacco use			
<input type="checkbox"/>	<input type="checkbox"/>		
7 <input type="checkbox"/> <input type="checkbox"/> No discharge from eyes, nose, and mouth			
Preventing Contamination by Hands			
<input type="checkbox"/>	<input type="checkbox"/>		
8 <input type="checkbox"/> <input type="checkbox"/> Hands clean & properly washed			
<input type="checkbox"/>	<input type="checkbox"/>		
9 <input type="checkbox"/> <input type="checkbox"/> No bare hand contact with RTE food			
<input checked="" type="checkbox"/>	<input type="checkbox"/>		
10 <input checked="" type="checkbox"/> <input type="checkbox"/> Handwashing sinks, accessible & supplies			
Approved Source			
<input checked="" type="checkbox"/>	<input type="checkbox"/>		
11 <input checked="" type="checkbox"/> <input type="checkbox"/> Food obtained from approved source			
<input type="checkbox"/>	<input type="checkbox"/>		
12 <input type="checkbox"/> <input type="checkbox"/> Food received at proper temperature			
<input checked="" type="checkbox"/>	<input type="checkbox"/>		
13 <input checked="" type="checkbox"/> <input type="checkbox"/> Food in good condition, safe, & unadulterated			
<input type="checkbox"/>	<input type="checkbox"/>		
14 <input type="checkbox"/> <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.

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											
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
30 <input type="checkbox"/> <input type="checkbox"/> Pasteurized eggs used where required											
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
31 <input checked="" type="checkbox"/> <input type="checkbox"/> Water & ice from approved source											
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
32 <input type="checkbox"/> <input type="checkbox"/> Variance obtained for special processing											
Food Temperature Control											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>								
33 <input type="checkbox"/> <input type="checkbox"/> Proper cooling methods; adequate equipment											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>								
34 <input type="checkbox"/> <input type="checkbox"/> Plant food properly cooked for hot holding											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>								
35 <input type="checkbox"/> <input type="checkbox"/> Approved thawing methods											
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
36 <input checked="" type="checkbox"/> <input type="checkbox"/> Thermometers provided & accurate											
Food Identification											
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
37 <input checked="" type="checkbox"/> <input type="checkbox"/> Food properly labeled, original container											
Prevention of Food Contamination											
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
38 <input checked="" type="checkbox"/> <input type="checkbox"/> Insects, rodents, & animals not present											
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
39 <input checked="" type="checkbox"/> <input type="checkbox"/> No Contamination (preparation, storage, display)											
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
40 <input checked="" type="checkbox"/> <input type="checkbox"/> Personal cleanliness											
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
41 <input checked="" type="checkbox"/> <input type="checkbox"/> Wiping cloths: properly used & stored											
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
42 <input checked="" 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. 668.50, Fla. Stat. (2017) and 15 U.S.C. s. 7001 (2000).

Person in Charge (Print & Signature) Lee Ann Golden	Date: 1-7-19
Inspector (Print & Signature) Delmys B. Cerrato	Phone: 407-665-3618

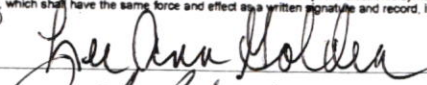
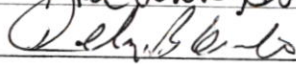
Food Establishment Inspection Report

Name of Establishment: Jackson Heights Middle	Permit Number: 59-48-00164	Date: 1/7/19
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TEMPERATURE OBSERVATIONS					
Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Pizza / hot holding	149°	Milk food unit	39°	cooler unit	29°
Grilled Burger	159°	hot holding unit	159°	Walking Freezer	-6°
Black bean burger	139°	Honey French dressing	42°		
Pizza / L2	171°				

OBSERVATIONS AND CORRECTIVE ACTIONS	
Violation Number	Violations cited in this report must be corrected
45	Honey French dressing need to be at hot holding temperature/Ice
22	single use cups and plates need to be protected.

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Person in Charge (Signature) <div style="text-align: center;">  </div>	Date <div style="text-align: center;">1-7-19</div>
Inspector (Signature) <div style="text-align: center;">  </div>	Date <div style="text-align: center;"> </div>