

Food Establishment Inspection Report

M
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
	PURPOSE: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Reinspection <input type="checkbox"/> Construction <input type="checkbox"/> Complaint <input type="checkbox"/> Consultation <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Epidemiology <input type="checkbox"/> Temporary Event <input type="checkbox"/> Other					

Name of Establishment: Highlands Elementary				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)		Stop Sale Issued <input type="checkbox"/>
Address: 1600 Shepard Road City: Winter Springs		Name of Person in Charge: Becky Donaldson		Telephone: 407-746-6652		Person in Charge Email: HighlandsElementary-Cafe		
ZIP Code: 32708	Begin Time AM/PM: 10:30	End Time AM/PM: 11:35	Permit Number: 59-48-00149	Position Number: 031104	Number of Risk Factors/Intervention Violations Marked "OUT" (Items 1-29) <u>1</u>		Number of Repeat Violations (1-47 R) <u> </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		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"/>	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 checked="" type="checkbox"/>	Proper eating, tasting, drinking, or tobacco use		
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose, and mouth		
Preventing Contamination by Hands					
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hands clean & properly washed		
9	<input checked="" type="checkbox"/>	<input 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 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 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"/>	Food separated & protected; single-use gloves		
16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces, cleaned & sanitized		
17	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper disposal of unsafe food		
Time/Temperature Control for Safety					
18	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Cooking time & temperatures		
19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Reheating procedures for hot holding		
20	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Cooling time and temperature		
21	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Hot holding temperatures		
22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cold holding temperatures		
23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Date marking and disposition		
24	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Time as PHC, procedures & records		
Consumer Advisory					
25	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Advisory for raw/undercooked food		
Highly Susceptible Populations					
26	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pasteurized foods used; No prohibited foods		
Additives and Toxic Substances					
27	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food additives: approved & properly used		
28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Toxic substances identified, stored, & used		
Approved Procedures					
29	<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 checked="" type="checkbox"/>	Pasteurized eggs used where required		
31	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Water & ice from approved source		
32	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Variance obtained for special processing		
Food Temperature Control					
33	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooling methods; adequate equipment		
34	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plant food properly cooked for hot holding		
35	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Approved thawing methods		
36	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Thermometers provided & accurate		
Food Identification					
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container		
Prevention of Food Contamination					
38	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, & animals not present		
39	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Contamination (preparation, storage, display)		
40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness		
41	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used & stored		
42	<input type="checkbox"/>	<input checked="" 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"/>	Utensils: properly stored		
44	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Equipment & linens: stored, dried, & handled		
45	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Single-use/single-service articles: stored & used		
46	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Stash-resistant/cloth gloves used properly		
Utensils, Equipment and Vending					
47	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food & non-food contact surfaces		
48	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Warewashing: installed, maintained, used; test strips		
49	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean		
Physical Facilities					
50	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hot & cold water available; under pressure		
51	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices		
52	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sewage & waste water properly disposed		
53	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: supplied & cleaned		
54	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Garbage & refuse disposal		
55	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Facilities installed, maintained, & clean		
56	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ventilation & lighting		
57	<input checked="" 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) Becky Donaldson	Date: 12-20-18
Inspector (Print & Signature) Delings B. Carrato	Phone: 407-665-3618

Food Establishment Inspection Report

Name of Establishment:

Highlands Elementary

Permit Number:

59-48-00149

Date:

12/20/18

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Hot dog	111°	Salad/ ^{Cooler} unit	40°	Cooler Unit	36°
Chicken Sandwich	150°	Milk/box	41°	Walking cooler	37°
		Orange juice	40°	Walking Freezer	-4°

OBSERVATIONS AND CORRECTIVE ACTIONS

Violations cited in this report must be corrected

Violation Number

21	Hot dog hot holding at 111° / corrected on site
48	Red bucket w/out proper sanitization solution

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Person in Charge (Signature) *Becky Donaldson*

Date *12/20/18*

Inspector (Signature) *Debra Blanton*

Date *12/20/18*
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