Food Establishment Inspection Report

W Wills

		1 000 1		511L 111	spection rep	OIL	101			
Facility Typ Adult Day Afterscho Assisted	Care Civ	sis Stabilization Unit	☐Domestic Violence ☐Fratemal Org. ☐Home for Special ☐Hospice		☐Intermediate Care □ ☐Migrant Housing ☐Movie Theater	Recreation	al Camp Short-term Treatment Fac. Transitiona			
PURPOSE: Routine	Reinspection (Construction Comp	laint Consultation	Change	of OwnershipEpidemi	ology Temporary	Event Other			
	-	1	-,				Correct by:			
Name of Establishme	ent: $\supset \rho n$	ing Lake	e Elem	ento	iry	RESULTS:	Confect by.			
Address: 695	Drange	Nice in ita	- · · 1	11.	onte spring	Satisfactory	Next Routine Inspection			
Address: 010	o range	HVENICE	City: 4	onie spans			Stop Sale			
ZIP Code: 327	14 Nam	e of Person in Charg	Day Day	1 Hr	ntor	Unsatisfactory	□ 8 A.M. on			
				,	_	(Date)				
Telephone: 407.	746-1654Pers	on in Charge Email:	Springtaket	tay cafe P	Incomplete					
Date (MM/DD/YY)		End Time AM/PM			Position Number	Closure	Number of Risk Factors/Interven	ition		
21 - /				-		Out of Business	Violations Marked "OUT" (items 1-29)			
12/03/18/11:15 12:30 59-4				34/	031104	out or Dosiness	Number of Repeat Violations (1-57 R)			
		FOODBORNE	LLNESS RISK FA	CTORS	AND PUBLIC HEALTI	HINTERVENTION	IS .	-		
Indicate the compliance	e status: Mark an "X"						or item was observed to be out	and the same		
compliance; NO=the a	ct or item was not ob	served to be occurring	at the time of inspec	ction; NA=	the act or item is not per	formed by the facility	/.	of		
Mark an "X" in the app	ropriate box for: COS	=violation corrected o	n site; R=repeat viola	ation from	previous inspection	•				
Compliance Status					Г					
IN OUT N/A N/O				Janal a	Compliance Status					
IN OUT N/A N/O			A SERVEN WAS A SERVED AS	COS R	IN OUT N/A N/O			COS R		
100		upervision					m Contamination			
1 00	Demonstration of F	Knowledge/Training		\vdash	15 2 0 0 0	Food separated &	protected; single-use gloves			
2 200	THE RESERVE OF THE PARTY OF THE	erson in Charge present			16 🗷 🗆	Food-contact surfa	ices; cleaned & sanitized			
	Emp	loyee Health			17 0 0	Proper disposal of	unsafe food			
3 🗷 🗆	Knowledge, respon	nsibilities and reporting				Time/Temperature	Control for Safety			
4 0	Proper use of restr	iction and exclusion			18 0 0 0	Cooking time & ter	nperatures	TT		
5 🗹 🗆	Responding to von	niting & diarrheal events	3		19 0 0 0		ures for hot holding			
	Good Hy	glenic Practices			20 0 0 0	Cooling time and t				
6 0 0	Proper eating, tast	ing, drinking, or tobacco	use		21 2000	Hot holding tempe				
700 0		eyes, nose, and mouth			22 2	Cold holding temp				
	Preventing Co	ntamination by Hand	18	mail.	23 2	Date marking and				
8 2 0 0	Hands clean & pro	perly washed		TT	24 2 0 0 0	Time as PHC; prod				
9 0 0 0 0	No bare hand conta	act with RTE food					er Advisory	642 S005 V		
10 🗷 🗆		s, accessible & supplies		\vdash	25 🗆 🖂	Advisory for raw/ur		TT		
		oved Source	No.			THE RESERVE AND PARTY OF THE PA	tible Populations			
11 🗹 🗆	Food obtained from			TT	26 🗆 🗆	1	used; No prohibited foods			
12 0 0 0	Food received at p						oxic Substances	SCHOOL STATE		
13 🗷 🗆		ition, safe, & unadultera	ted	1	27 🗆 🖂					
140000	Shellstock tags & p		ileu	+	28 2		proved & properly used dentified, stored, & used	+		
This form serves as a '	Notice of Non-Compl	iance" pursuant to sec	tion 120.695, Florida				Procedures			
Statutes, Items marked	as "out" violate one	or more of the require	ments of Chapter 64E	E-11, the	29 🗆 🗆 🗷	Variance/specialize				
Florida Administrative Violations must be con facility without making	ected within the time	period indicated abov	e. Continued operation	on of this	Risk factors are impor	tant practices or pro	cedures identified as the most printing injury. Public health intervention	prevalent ns are		
frame specified may re	sult in enforcement a	ction being initiated by	the Department of H	lealth.	control measures to pr	revent foodborne illr	ess or injury.			
			GOOD R	ETAIL PE	RACTICES					
A. 74.2	Good Retail Pro	rtices are preventative	management to control	the additi	ion of pathogens, chemic	ala and ab minot ab				
IN OUT NIA NIO	Occurred True	ouces are preventante	measures to control			ais, and physical ob	jects into roods.			
IN OUT N/A N/O			COMMENT OF COLUMN TWO CO.	COS R	IN OUT N/A N/O			COS R		
200000	T	ood and Water				Proper Use	of Utensils			
31 2 0 0 0		sed where required		-	43 27 0 0 0	Utensils: properly s				
	Water & ice from ap			\vdash	44 2 0 0 0		stored, dried, & handled	\perp		
32 0 0 0		for special processing			45 2 0 0 0		ervice articles: stored & used			
22		perature Control	4 2 4 2 4 7	-	46 0 0 0	THE RESERVE OF THE PARTY OF THE PARTY OF THE PARTY.	h gloves used properly			
33 0 0 0		hods; adequate equipm	ent	-		Utensils, Equip	ment and Vending			
34 0 0 0 0		cooked for hot holding			47 2000	Food & non-food co	ontact surfaces			
35 🗆 🗆 💆	Approved thawing r	methods			48 0 2 0 0	Warewashing: insta	alled, maintained, used; test strips			
36 Z 🗆 🗆	Thermometers prov				49 20 0 0	Non-food contact s	urfaces clean			
	Food	dentification				Phys	ical Facilities	The Atlanta		
37		ed; original container			50 0 0 0 0 0	Hot & cold water av	ailable; under pressure			
	Prevention of	Food Contamination			51 🗷 🗆 🖂	Plumbing installed;	proper backflow devices			
38 2 1 1 1	Insects, rodents, & a	animals not present			52 🗷 🗆 🗆	Sewage & waste wa	ater properly disposed			
39 🗷 🗆 🗆	No Contamination (p	preparation, storage, dis	splay)		53 🔽 🗆 🗀	Toilet facilities: sup				
40 0 0 0 0	Personal cleanlines	5			54 🗸 🗆 🗆 🗆	Garbage & refuse of				
41 0000	Wiping cloths: prope	erly used & stored			55 0000		maintained, & clean			
42	Washing fruits & veg				56 0000	Ventilation & lightin				
By typing my signature, in the	signature space provided be	elow. I agree to create an ele	ectronic record and to adopt	t the	57 🗸 🗆 🗆 🗆	Permit; Fees; Appli		1		
electronic symbol created by n and effect as a written signatur	ne as a manifestation of my	signature on the electronic r	ecord, which shall have the	same force	4					
		t contract to	, 2.0 .0 0.0.0. 8. 700	. 12000).	1			- 1		
Person in Charge (Pri	nt & Signature)	awn Hum	ter M	russ	Himter		Date: 3-3-2	1810		
Inspector (Print & Sig	nature) Dolm	Kh (on	ato T	50	2 R/a. t.		Phone: 407 - 665			
The state of the s		THE WALL		1	11		Priorie: 7-7-600	70 8		

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OBSERVATIONS AND CORRECTIVE ACTIONS Violation Number 48 Jest strip Missing Missing	K		Temp		Temp	Item/Location	Temp		
Volation Number Wolation Number Wolation String Missing Wolation still in this report must be corrected Wilder String Missing Wilder	Chicken Augget		1520	Milk	410	Walking cooler	380		
Violation Number 48	Mish	Potatoes				Walking Freezer	-1		
Violation scited in this report must be corrected White the state of	Coary					,			
Violation scited in this report must be corrected White the state of									
Violation Number 48			-						
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Number 48 Jest Ship Missing in things my squarer, or the appraiser space provided below: I signer to create an endorce record and to adopt the electronic sprince created by me as a squarer space provided below: I signer to create an endorce record and to adopt the electronic sprince created by me as a squarer space provided below: I signer to create an endorce record and to adopt the electronic sprince created by me as a squarer space provided below: I signer to create an endorce record and to adopt the electronic sprince created by me as a squarer space provided by me as a squarer space provided by the squarer space provided by me as a squarer space provided by me as a squarer space provided by the squarer space provided by me as a squarer space provided by me as a squarer space provided by the squarer space provided by the squarer space provided by me as a squarer space provided by the squ			ODOLK						
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Person in Charge (Signature) Date 12-3-18	By typing my signatur	e, in the signature space provided belo	ow, I agree to create an electronic	record and to adopt the electronic symbol create	d by me as a				
	68 50, Fia Stat (20	(7) and 15 U.S.C. s. 7001 (2000).	n shall have the same force and e	mect as a written signature and record, in accord	ance with s				
	erson in Ch	arge (Signature)	Mm H	with		Date 12-3	-18		
nspector (Signature) Date 12/03/18	nspector (Si	gnature)	() elp b/	anto		Date 12/03			
Page 2 of 2		-	Jon 1				2		