

Food Establishment Inspection Report

NW
11/14/18

	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: <u>Carillon Elementary School</u>					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 Safe Issued _____		
Address: <u>3200 Lockwood Barbraudity</u>					Name of Person in Charge: <u>Leslie Cherson</u>		Person in Charge Email: <u>Carillon Elementary Cafeteria</u>		
ZIP Code: <u>32765</u>		Telephone: <u>407-320-4657</u>		Date (MM/DD/YY): <u>12/10/18</u>		Begin Time AM/PM: <u>12:11</u>		End Time AM/PM: <u>1:30</u>	
Permit Number: <u>59-48-00422</u>			Position Number: <u>031104</u>			Number of Risk Factors/Intervention Violations Marked "OUT" (Items 1-29): <u>1</u>			
Number of Repeat Violations (1-57 R): _____									

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 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 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 type="checkbox"/>	<input checked="" type="checkbox"/>	Reheating procedures for hot holding		
20	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Cooling time and temperature		
21	<input checked="" type="checkbox"/>	<input 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		<input checked="" type="checkbox"/>
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 type="checkbox"/>	<input checked="" type="checkbox"/>	Toxic substances identified, stored, & used		
Approved Procedures					
29	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Variance/specialized process/HACCP		

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 checked="" 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"/>	Utensils: properly stored		
44	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Equipment & liners: 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"/>	Slash-resistant/cloth gloves used properly		
Utensils, Equipment and Vending					
47	<input checked="" type="checkbox"/>	<input 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): Leslie Cherson Date: 12/10/18
Inspector (Print & Signature): Delmys B. Cerrato Phone: 407-665-3618

Food Establishment Inspection Report

Name of Establishment: Carillon Elementary School Permit Number: _____ Date: 12/10/18

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
chicken nuggets	136°	Milk	38°	hot holding unit	162°
gravy (not notes)	135°	Milk	28°	cool holding unit	40°
Mashed potatoes	151°			walking cooler	36°
				cooler unit/lower	40°

OBSERVATIONS AND CORRECTIVE ACTIONS

Violations cited in this report must be corrected

Violation Number

- 23 cheese not label at the walking cooler
- 24 Temperatures log must keep available when inspection is conducted.

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Person in Charge (Signature) Leslie Chersa Leslie Chersa Date 12/10/18
Inspector (Signature) Debra Bonta Date 12/10/18
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