

# Food Establishment Inspection Report

MW  
11/16/18

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

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

<b>Name of Establishment:</b> Lake Orienta Elementary				<b>RESULTS:</b>		<b>Correct by:</b>	
<b>Address:</b> 612 Newport Avenue City: Altamonte Spng				<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Next Routine Inspection	<b>Stop Sale Issued</b>	
<b>ZIP Code:</b> 32701		<b>Name of Person in Charge:</b> Alba Gagnon		<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> 8 A.M. on _____		
<b>Telephone:</b> 407-746-2652		<b>Person in Charge Email:</b> lakeorienta@elementarycafe.com		<input type="checkbox"/> Incomplete	<b>Number of Risk Factors/Intervention Violations Marked "OUT" (Items 1-29)</b> 0		
<b>Date (MM/DD/YY)</b>	<b>Begin Time AM/PM</b>	<b>End Time AM/PM</b>	<b>Permit Number</b>	<b>Position Number</b>			<b>Number of Repeat Violations (1-57 R)</b> _____
11/29/18	11:15	12:45	59-48-00215	031104			

### 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
<b>Supervision</b>			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1 Demonstration of Knowledge/Training		15 Food separated & protected; single-use gloves	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Certified Manager/Person in Charge present		16 Food-contact surfaces; cleaned & sanitized	
<b>Employee Health</b>			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Knowledge, responsibilities and reporting		17 Proper disposal of unsafe food	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Time/Temperature Control for Safety</b>	
4 Proper use of restriction and exclusion		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	18 Cooking time & temperatures	
5 Responding to vomiting & diarrheal events		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Good Hygienic Practices</b>			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	19 Reheating procedures for hot holding	
6 Proper eating, tasting, drinking, or tobacco use		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	20 Cooling time and temperature	
7 No discharge from eyes, nose, and mouth		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Preventing Contamination by Hands</b>			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	21 Hot holding temperatures	
8 Hands clean & properly washed		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	22 Cold holding temperatures	
9 No bare hand contact with RTE food		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	23 Date marking and disposition	
10 Handwashing sinks, accessible & supplies		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Approved Source</b>			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	24 Time as PHC, procedures & records	
11 Food obtained from approved source		<b>Consumer Advisory</b>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	25 Advisory for raw/undercooked food	
12 Food received at proper temperature		<b>Highly Susceptible Populations</b>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	26 Pasteurized foods used; No prohibited foods	
13 Food in good condition, safe, & unadulterated		<b>Additives and Toxic Substances</b>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	27 Food additives: approved & properly used	
14 Shellstock tags & parasite destruction		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Approved Procedures</b>			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	28 Toxic substances identified, stored, & used	
15 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.		29 Variance/specialized process/HACCP	
<b>GOOD RETAIL PRACTICES</b>			
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.			

Compliance Status		Compliance Status	
IN	OUT	IN	OUT
<b>Safe Food and Water</b>			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Proper Use of Utensils</b>	
30 Pasteurized eggs used where required		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	43 Utensils: properly stored	
31 Water & ice from approved source		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	44 Equipment & linens: stored, dried, & handled	
32 Variance obtained for special processing		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Food Temperature Control</b>			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	45 Single-use/single-service articles: stored & used	
33 Proper cooling methods, adequate equipment		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	46 Slash-resistant/cloth gloves used properly	
34 Plant food properly cooked for hot holding		<b>Utensils, Equipment and Vending</b>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	47 Food & non-food contact surfaces	
35 Approved thawing methods		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	48 Warewashing: installed, maintained, used, test strips	
36 Thermometers provided & accurate		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Food Identification</b>			
37 Food properly labeled, original container		49 Non-food contact surfaces clean	
<b>Prevention of Food Contamination</b>			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Physical Facilities</b>	
38 Insects, rodents, & animals not present		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	50 Hot & cold water available; under pressure	
39 No Contamination (preparation, storage, display)		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	51 Plumbing installed, proper backflow devices	
40 Personal cleanliness		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	52 Sewage & waste water properly disposed	
41 Wiping cloths: properly used & stored		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	53 Toilet facilities: supplied & cleaned	
42 Washing fruits & vegetables		<input checked="" type="checkbox"/>	<input type="checkbox"/>
		54 Garbage & refuse disposal	
		55 Facilities installed, maintained, & clean	
		56 Ventilation & lighting	
		57 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)** Alba R. Gagnon **Date:** 11-29-18

**Inspector (Print & Signature)** Delmys B. Cerrato **Phone:** 407-665-3618

