

Food Establishment Inspection Report

M
12/11/18

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|--|--|--|--|---|---|
| | 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"/> 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 _____

| | | | | | | | |
|--|-------------------------|-----------------------|----------------------|--|--|---|--|
| Name of Establishment: Sterling Park Elementary | | | | RESULTS: | | Correct by: | |
| Address: 705 S. Eagle Circle | | | | <input checked="" type="checkbox"/> Satisfactory | | <input checked="" type="checkbox"/> Next Routine Inspection | |
| City: Casselberry | | | | <input type="checkbox"/> Unsatisfactory | | <input type="checkbox"/> 8 A.M. on _____ | |
| ZIP Code: 32707 | | | | <input type="checkbox"/> Incomplete | | (Date) | |
| Name of Person in Charge: Mary Batsch | | | | <input type="checkbox"/> Closure | | Number of Risk Factors/Intervention Violations Marked "OUT" (Items 1-29) 1 | |
| Person in Charge Email: SterlingParkElementary.cafe | | | | <input type="checkbox"/> Out of Business | | Number of Repeat Violations (1-57 R) _____ | |
| Date (MM/DD/YY) | Begin Time AM/PM | End Time AM/PM | Permit Number | Position Number | | | |
| 12/4/18 | 12:30 | 1:45 | 59-48-00348 | 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 | | | | | | | |
|--|-------------------------------------|--------------------------|-------------------------------------|--|--|-----|---|
| 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 type="checkbox"/> | <input checked="" type="checkbox"/> | Proper eating, tasting, drinking, or tobacco use | | | |
| 7 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | No discharge from eyes, nose, and mouth | | | |
| Preventing Contamination by Hands | | | | | | | |
| 8 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Hands clean & properly washed | | | |
| 9 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | No bare hand contact with RTE food | | | |
| 10 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Handwashing sinks, accessible & supplies | | | |
| Approved Source | | | | | | | |
| 11 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Food obtained from approved source | | | |
| 12 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Food received at proper temperature | | | |
| 13 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Food in good condition, safe, & unadulterated | | | |
| 14 | <input type="checkbox"/> | <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"/> | <input type="checkbox"/> | Food separated & protected; single-use gloves | | | |
| 16 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Food-contact surfaces, cleaned & sanitized | | | |
| 17 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Proper disposal of unsafe food | | | |
| Time/Temperature Control for Safety | | | | | | | |
| 18 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Cooking time & temperatures | | | |
| 19 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Reheating procedures for hot holding | | | |
| 20 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Cooling time and temperature | | | |
| 21 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Hot holding temperatures | | | <input checked="" type="checkbox"/> |
| 22 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Cold holding temperatures | | | |
| 23 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Date marking and disposition | | | |
| 24 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Time as PHC; procedures & records | | | |
| Consumer Advisory | | | | | | | |
| 25 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Advisory for raw/undercooked food | | | |
| Highly Susceptible Populations | | | | | | | |
| 26 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Pasteurized foods used; No prohibited foods | | | |
| Additives and Toxic Substances | | | | | | | |
| 27 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Food additives, approved & properly used | | | |
| 28 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Toxic substances identified, stored, & used | | | |
| Approved Procedures | | | | | | | |
| 29 | <input type="checkbox"/> | <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 type="checkbox"/> | <input checked="" type="checkbox"/> | Pasteurized eggs used where required | | | |
| 31 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Water & ice from approved source | | | |
| 32 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Variance obtained for special processing | | | |
| Food Temperature Control | | | | | | | |
| 33 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Proper cooling methods, adequate equipment | | | |
| 34 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Plant food properly cooked for hot holding | | | |
| 35 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Approved thawing methods | | | |
| 36 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Thermometers provided & accurate | | | |
| Food Identification | | | | | | | |
| 37 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Food properly labeled, original container | | | |
| Prevention of Food Contamination | | | | | | | |
| 38 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Insects, rodents, & animals not present | | | |
| 39 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | No Contamination (preparation, storage, display) | | | |
| 40 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Personal cleanliness | | | |
| 41 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Wiping cloths, properly used & stored | | | |
| 42 | <input type="checkbox"/> | <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"/> | <input type="checkbox"/> | Utensils: properly stored | | | |
| 44 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Equipment & linens: stored, dried, & handled | | | |
| 45 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Single-use/single-service articles: stored & used | | | |
| 46 | <input type="checkbox"/> | <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"/> | <input type="checkbox"/> | Food & non-food contact surfaces | | | |
| 48 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Warewashing: installed, maintained, used, test strips | | | |
| 49 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Non-food contact surfaces clean | | | |
| Physical Facilities | | | | | | | |
| 50 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hot & cold water available, under pressure | | | |
| 51 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Plumbing installed; proper backflow devices | | | |
| 52 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sewage & waste water properly disposed | | | |
| 53 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Toilet facilities: supplied & cleaned | | | |
| 54 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Garbage & refuse disposal | | | |
| 55 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Facilities installed, maintained, & clean | | | |
| 56 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ventilation & lighting | | | |
| 57 | <input checked="" type="checkbox"/> | <input 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) Mary Batsch <i>M Batsch</i> | Date: 12-4-18 |
| Inspector (Print & Signature) Delmys B Cerato <i>Delmys B Cerato</i> | Phone: 407-665-3618 |

Food Establishment Inspection Report

| | | |
|---|--------------------------------------|-------------------------|
| Name of Establishment: <i>Sterling Park Elementary</i> | Permit Number: <i>59-48-00348</i> | Date: <i>12/4/18</i> |
|---|--------------------------------------|-------------------------|

| TEMPERATURE OBSERVATIONS | | | | | |
|---------------------------------|-------------|-----------------|------------|-------------------------|-------------|
| Item/Location | Temp | Item/Location | Temp | Item/Location | Temp |
| <i>Macaroni/Ham/hot holding</i> | <i>111°</i> | <i>Milk</i> | <i>35°</i> | <i>Hot holding Unit</i> | <i>189°</i> |
| <i>beans</i> | <i>134°</i> | <i>dressing</i> | <i>41°</i> | <i>Hot holding Unit</i> | <i>145°</i> |
| <i>chicken Sandwiches</i> | <i>141°</i> | | | <i>walking cooler</i> | <i>33°</i> |
| | | | | <i>walking freezer</i> | <i>0°</i> |
| | | | | | |
| | | | | | |
| | | | | | |

OBSERVATIONS AND CORRECTIVE ACTIONS
Violations cited in this report must be corrected

| Violation Number | |
|------------------|-------------------------------------|
| <i>21</i> | <i>Macaroni/Ham holding at 111°</i> |
| <i>21</i> | <i>beans/hot holding at 134°</i> |
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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 688.50, Fla. Stat (2017) and 15 U.S.C. s 7001 (2000).

| | |
|---|---------------------------|
| Person in Charge (Signature) <i>M. Batech</i> | Date <i>12-4-18</i> |
| Inspector (Signature) <i>D. Delorenzo</i> | Date <i>12/4/18</i> |
| | Page <u>2</u> of <u>2</u> |