

Food Establishment Inspection Report

12/11/18

	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: <u>Rock Lake Middle School</u>				RESULTS:		Correct by:	
Address: <u>250 Slade Drive</u> City: <u>Longwood</u>				<input checked="" type="checkbox"/> Satisfactory	<input checked="" type="checkbox"/> Next Routine Inspection	Stop Safe Issued	
ZIP Code: <u>32750</u>		Name of Person in Charge: <u>De'Nika Whipper</u>		<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> 8 A.M. on _____		
Telephone: <u>407-746-3082</u>		Person in Charge Email: <u>Sabel.Point@k12.lakecountyfl.gov</u>		<input type="checkbox"/> Incomplete	Number of Risk Factors/Intervention Violations Marked "OUT" (Items 1-29) <u>1</u>		
Date (MM/DD/YY)	Begin Time AM/PM	End Time AM/PM	Permit Number	Position Number			Number of Repeat Violations (1-57 R) _____
<u>12/07/18</u>	<u>1:05</u>	<u>2:10</u>	<u>59-48-00302</u>	<u>031104</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		COS		R	
IN	OUT	N/A	N/O		
Supervision					
1	<input checked="" type="checkbox"/>				Demonstration of Knowledge/Training
2	<input checked="" type="checkbox"/>				Certified Manager/Person in Charge present
Employee Health					
3	<input checked="" type="checkbox"/>				Knowledge, responsibilities and reporting
4	<input checked="" type="checkbox"/>				Proper use of restriction and exclusion
5	<input checked="" type="checkbox"/>				Responding to vomiting & diarrheal events
Good Hygienic Practices					
6	<input checked="" type="checkbox"/>				Proper eating, tasting, drinking, or tobacco use
7	<input checked="" type="checkbox"/>				No discharge from eyes, nose, and mouth
Preventing Contamination by Hands					
8	<input checked="" type="checkbox"/>				Hands clean & properly washed
9	<input checked="" type="checkbox"/>				No bare hand contact with RTE food
10	<input checked="" type="checkbox"/>				Handwashing sinks, accessible & supplies
Approved Source					
11	<input checked="" type="checkbox"/>				Food obtained from approved source
12	<input checked="" type="checkbox"/>				Food received at proper temperature
13	<input checked="" type="checkbox"/>				Food in good condition, safe, & unadulterated
14	<input checked="" type="checkbox"/>				Shellstock tags & parasite destruction

Compliance Status		COS		R	
IN	OUT	N/A	N/O		
Protection from Contamination					
15	<input checked="" type="checkbox"/>				Food separated & protected, single-use gloves
16	<input checked="" type="checkbox"/>				Food-contact surfaces; cleaned & sanitized
17	<input checked="" type="checkbox"/>				Proper disposal of unsafe food
Time/Temperature Control for Safety					
18	<input checked="" type="checkbox"/>				Cooking time & temperatures
19	<input checked="" type="checkbox"/>				Reheating procedures for hot holding
20	<input checked="" type="checkbox"/>				Cooling time and temperature
21	<input checked="" type="checkbox"/>				Hot holding temperatures
22	<input checked="" type="checkbox"/>				Cold holding temperatures
23	<input checked="" type="checkbox"/>				Date marking and disposition
24	<input checked="" type="checkbox"/>				Time as PHC; procedures & records
Consumer Advisory					
25	<input checked="" type="checkbox"/>				Advisory for raw/undercooked food
Highly Susceptible Populations					
26	<input checked="" type="checkbox"/>				Pasteurized foods used; No prohibited foods
Additives and Toxic Substances					
27	<input checked="" type="checkbox"/>				Food additives: approved & properly used
28	<input checked="" type="checkbox"/>				Toxic substances identified, stored, & used
Approved Procedures					
29	<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.

IN		OUT		N/A		N/O		COS		R	
Safe Food and Water											
30	<input checked="" type="checkbox"/>										
31	<input checked="" type="checkbox"/>										
32	<input checked="" type="checkbox"/>										
Food Temperature Control											
33	<input checked="" type="checkbox"/>										
34	<input checked="" type="checkbox"/>										
35	<input checked="" type="checkbox"/>										
36	<input checked="" type="checkbox"/>										
Food Identification											
37	<input checked="" type="checkbox"/>										
Prevention of Food Contamination											
38	<input checked="" type="checkbox"/>										
39	<input checked="" type="checkbox"/>										
40	<input checked="" type="checkbox"/>										
41	<input checked="" type="checkbox"/>										
42	<input checked="" type="checkbox"/>										

IN		OUT		N/A		N/O		COS		R	
Proper Use of Utensils											
43	<input checked="" type="checkbox"/>										
44	<input checked="" type="checkbox"/>										
45	<input checked="" type="checkbox"/>										
46	<input checked="" type="checkbox"/>										
Utensils, Equipment and Vending											
47	<input checked="" type="checkbox"/>										
48	<input checked="" type="checkbox"/>										
49	<input checked="" type="checkbox"/>										
Physical Facilities											
50	<input checked="" type="checkbox"/>										
51	<input checked="" type="checkbox"/>										
52	<input checked="" type="checkbox"/>										
53	<input checked="" type="checkbox"/>										
54	<input checked="" type="checkbox"/>										
55	<input checked="" type="checkbox"/>										
56	<input checked="" type="checkbox"/>										
57	<input checked="" type="checkbox"/>										

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) <u>Iona Cobb</u>	Date: <u>12-7-18</u>
Inspector (Print & Signature) <u>Delmys B. Cerrato</u>	Phone: _____

