

# Food Establishment Inspection Report

	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>Wekiva Elementary</u>				RESULTS:		Correct by:		Stop Sale Issued <u>0</u>
Address: <u>1450 E Wekiva Trail</u> City: <u>Longwood</u>				<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Next Routine Inspection	8 A.M. on _____ (Date)		
ZIP Code: <u>32779</u>		Name of Person in Charge: <u>Taylor Thorp</u>		<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> 8 A.M. on _____			
Telephone: <u>407-746-3158</u>		Person in Charge Email: <u>WekivaElementarycafeteria@floridapublicschools.org</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	<input type="checkbox"/> Closure			Number of Repeat Violations (1-57 R) <u>0</u>
<u>01/15/19</u>	<u>10:45</u>	<u>12:15</u>	<u>59-48-00390</u>	<u>03104</u>	<input type="checkbox"/> Out of Business			

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

### 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	
<b>Safe Food and Water</b>											
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30 <input type="checkbox"/> <input type="checkbox"/> Pasteurized eggs used where required		43 <input checked="" type="checkbox"/> <input type="checkbox"/> Utensils, properly stored		44 <input checked="" type="checkbox"/> <input type="checkbox"/> Equipment & linens: stored, dried, & handled		45 <input checked="" type="checkbox"/> <input type="checkbox"/> Single-use/single-service articles: stored & used		46 <input type="checkbox"/> <input type="checkbox"/> Slash-resistant/cloth gloves used properly			
31 <input checked="" type="checkbox"/> <input type="checkbox"/> Water & ice from approved source		<b>Utensils, Equipment and Vending</b>				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	
32 <input type="checkbox"/> <input type="checkbox"/> Variance obtained for special processing		<b>Physical Facilities</b>				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	
<b>Food Temperature Control</b>											
33 <input type="checkbox"/> <input type="checkbox"/> Proper cooling methods; adequate equipment		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	
34 <input type="checkbox"/> <input type="checkbox"/> Plant food properly cooked for hot holding		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			
35 <input type="checkbox"/> <input type="checkbox"/> Approved thawing methods		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					
36 <input checked="" type="checkbox"/> <input type="checkbox"/> Thermometers provided & accurate		56 <input checked="" type="checkbox"/> <input type="checkbox"/> Ventilation & lighting		57 <input checked="" type="checkbox"/> <input type="checkbox"/> Permit, Fees, Application, Plans							
<b>Food Identification</b>											
37 <input checked="" type="checkbox"/> <input type="checkbox"/> Food properly labeled, original container											
<b>Prevention of Food Contamination</b>											
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 type="checkbox"/> <input type="checkbox"/> Washing fruits & vegetables											

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>Taylor Thorp</u>	Date: <u>1/15/19</u>
Inspector (Print & Signature) <u>Delmys B Cerrato</u>	Phone: <u>407-665-3618</u>

