


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"/> Short-term Res Treat <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"/> Transitional Living Fac <input type="checkbox"/> Assisted Living <input type="checkbox"/> Detention Fac. <input type="checkbox"/> Hospice <input checked="" type="checkbox"/> School			
	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 <input type="checkbox"/> Grade: _____			
Name of Establishment: <u>South Sumter Middle School</u>		RESULTS: <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Next Routine Inspection _____ <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> 8 A.M. on _____ (Date) <input type="checkbox"/> Incomplete <input type="checkbox"/> Stop Sale Issued <input type="checkbox"/> Closure <input type="checkbox"/> Number of Risk Factors/Intervention Violations Marked "OUT" (Items 1-29) _____ <input type="checkbox"/> Out of Business <input type="checkbox"/> Number of Repeat Violations (1-57 R) _____		
Address: <u>733 NW 10th Ave</u> City: <u>Webster</u>				
ZIP Code: <u>33597</u> Name of Person in Charge: <u>Tammy Skipper</u>				
Telephone: <u>793-2232</u> Person in Charge Email: _____				
Date (MM/DD/YY)	Begin Time AM/PM	End Time AM/PM	Permit Number	Position Number
<u>11/30/18</u>	<u>10:00 AM</u>	<u>11:00 AM</u>	<u>60-48-00015</u>	<u>27869</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		Compliance Status		
IN OUT N/A N/O		IN OUT N/A N/O		
Supervision		Protection from Contamination		
<u>1</u> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Demonstration of Knowledge/Training	<u>15</u> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Food separated & protected; single service gloves	
<u>2</u> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Certified Manager/Person in Charge present	<u>16</u> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Food-contact surfaces; cleaned & sanitized	
Employee Health		<u>17</u> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Proper disposal of unsafe food	
<u>3</u> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Knowledge, responsibilities and reporting	Time/Temperature Control for Safety		
<u>4</u> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Proper use of restriction and exclusion	<u>18</u> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Cooking time & temperatures	
<u>5</u> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Responding to vomiting & diarrheal events	<u>19</u> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Reheating procedures for hot holding	
Good Hygienic Practices		<u>20</u> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Cooling time and temperature	
<u>6</u> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco use	<u>21</u> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Hot holding temperatures	
<u>7</u> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	No discharge from eyes, nose, and mouth	<u>22</u> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Cold holding temperatures	
Preventing Contamination by Hands		<u>23</u> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Date marking and disposition	
<u>8</u> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Hands clean & properly washed	<u>24</u> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Time as PHC; procedures & records	
<u>9</u> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	No bare hand contact with RTE food	Consumer Advisory		
<u>10</u> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Handwashing sinks, accessible & supplies	<u>25</u> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Advisory for raw/undercooked food	
Approved Source		Highly Susceptible Populations		
<u>11</u> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Food obtained from approved source	<u>26</u> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Pasteurized foods used; No prohibited foods	
<u>12</u> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Food received at proper temperature	Additives and Toxic Substances		
<u>13</u> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Food in good condition, safe, & unadulterated	<u>27</u> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Food additives: approved & properly used	
<u>14</u> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Shellstock tags & parasite destruction	<u>28</u> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Toxic substances identified, stored, & used	
Approved Procedures		Approved Procedures		
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.		<u>29</u> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Variance/specialized process/HACCP	
		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		IN OUT N/A N/O		
Safe Food and Water		Proper Use of Utensils		
<u>30</u> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Pasteurized eggs used where required	<u>43</u> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Utensils: properly stored	
<u>31</u> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Water & ice from approved source	<u>44</u> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Equipment & linens: stored, dried, & handled	
<u>32</u> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Variance obtained for special processing	<u>45</u> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Single-use/single-service articles: stored & used	
Food Temperature Control		<u>46</u> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Slash Resistant / cloth gloves used properly	
<u>33</u> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Proper cooling methods; adequate equipment	Utensils, Equipment and Vending		
<u>34</u> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Plant food properly cooked for hot holding	<u>47</u> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Food & non-food contact surfaces	
<u>35</u> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Approved thawing methods	<u>48</u> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Warewashing: installed, maintained, used; test strips	
<u>36</u> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Thermometers provided & accurate	<u>49</u> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Non-food contact surfaces clean	
Food Identification		Physical Facilities		
<u>37</u> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Food properly labeled; original container	<u>50</u> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Hot & cold water available; under pressure	
Prevention of Food Contamination		<u>51</u> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Plumbing installed; proper backflow devices	
<u>38</u> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Insects, rodents, & animals not present	<u>52</u> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Sewage & waste water properly disposed	
<u>39</u> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	No Contamination (preparation, storage, display)	<u>53</u> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Toilet facilities: supplied & cleaned	
<u>40</u> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Personal cleanliness	<u>54</u> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Garbage & refuse disposal	
<u>41</u> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Wiping cloths: properly used & stored	<u>55</u> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Facilities installed, maintained, & clean	
<u>42</u> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Washing fruits & vegetables	<u>56</u> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Ventilation & lighting	
		<u>57</u> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Permit; Fees; Application; Plans	
Person in Charge (Print & Signature) <u>Tammy Skipper</u> <u>Tammy Skipper</u>		Date: <u>11/30/18</u>		
Inspector (Print & Signature) <u>Brianna Peeler</u> <u>Brianna K. Peeler</u>		Phone: <u>569-3131</u>		

