


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

PURPOSE: Routine Reinspection Construction Complaint Consultation Change of Ownership Epidemiology Temporary Event Other Grade: _____

Name of Establishment: Webster Elementary School		City: Webster		RESULTS:		Correct by:	
Address: 349 S Main St		ZIP Code: 33597		<input checked="" type="checkbox"/> Satisfactory		<input type="checkbox"/> Next Routine Inspection	
Telephone: 793-2020		Name of Person in Charge: Jana Simmons		<input type="checkbox"/> Unsatisfactory		<input type="checkbox"/> 8 A.M. on _____	
Date (MM/DD/YY): 11/30/19		Begin Time (AM/PM): 9:45 AM		<input type="checkbox"/> Incomplete		<input type="checkbox"/> (Date)	
End Time (AM/PM): 9:50		Permit Number: 60-98-00023		<input type="checkbox"/> Closure		<input type="checkbox"/> Stop Sale Issued	
Position Number: 27049		Person in Charge Email:		<input type="checkbox"/> Out of Business		<input type="checkbox"/> Number of Risk Factors/Intervention Violations Marked "OUT" (Items 1-29)	
						<input type="checkbox"/> Number of Repeat Violations (1-57 R)	

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	X				Demonstration of Knowledge/Training
2	X				Certified Manager/Person in Charge present
Employee Health					
3	X				Knowledge, responsibilities and reporting
4	X				Proper use of restriction and exclusion
5	X				Responding to vomiting & diarrheal events
Good Hygienic Practices					
6	X				Proper eating, tasting, drinking, or tobacco use
7	X				No discharge from eyes, nose, and mouth
Preventing Contamination by Hands					
8	X				Hands clean & properly washed
9			X		No bare hand contact with RTE food
10	X				Handwashing sinks, accessible & supplies
Approved Source					
11	X				Food obtained from approved source
12			X		Food received at proper temperature
13	X				Food in good condition, safe, & unadulterated
14			X		Shellstock tags & parasite destruction
<p>This form serves as a "Notice of Non-Compliance" pursuant to section 420.695, 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.</p>					

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

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

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

Person in Charge (Print & Signature): Jana Simmons **Date:** 11/30/19

Inspector (Print & Signature): Brianna Peeler **Phone:** 813-9-3131

