

# 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: <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 High School</u> |                                                 |                              |                                 |                               |
| Address: <u>706 N Main Street</u>                      |                                                 | City: <u>Bushnell</u>        |                                 |                               |
| ZIP Code: <u>33513</u>                                 | Name of Person in Charge: <u>Evelyn Hampton</u> |                              |                                 |                               |
| Telephone: <u>508-0201</u>                             | Person in Charge Email: <u>n/a</u>              |                              |                                 |                               |
| Date (MM/DD/YY): <u>9/30/20</u>                        | Begin Time AM/PM: <u>10:00AM</u>                | End Time AM/PM: <u>1100a</u> | Permit Number: <u>604800014</u> | Position Number: <u>27849</u> |

|                                                                                                                                                                                                                                                           |                                                                                                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|
| <b>RESULTS:</b><br><br><input checked="" type="checkbox"/> Satisfactory<br><br><input type="checkbox"/> Unsatisfactory<br><br><input type="checkbox"/> Incomplete<br><br><input type="checkbox"/> Closure<br><br><input type="checkbox"/> Out of Business | <b>Correct by:</b><br>Next Routine Inspection _____<br>8 A.M. on _____ (Date)<br>Stop Sale Issued _____                      |
|                                                                                                                                                                                                                                                           | Number of Risk Factors/Intervention Violations Marked "OUT" (Items 1-29) _____<br>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 |
| <b>Supervision</b>                               |                                     |     |     |
| 1                                                | <input checked="" type="checkbox"/> |     |     |
| Demonstration of Knowledge/Training              |                                     |     |     |
| 2                                                | <input checked="" type="checkbox"/> |     |     |
| Certified Manager/Person in Charge present       |                                     |     |     |
| <b>Employee Health</b>                           |                                     |     |     |
| 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        |                                     |     |     |
| <b>Good Hygienic Practices</b>                   |                                     |     |     |
| 6                                                | <input checked="" type="checkbox"/> |     |     |
| Proper eating, tasting, drinking, or tobacco use |                                     |     |     |
| 7                                                | <input checked="" type="checkbox"/> |     |     |
| No discharge from eyes, nose, and mouth          |                                     |     |     |
| <b>Preventing Contamination by Hands</b>         |                                     |     |     |
| 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         |                                     |     |     |
| <b>Approved Source</b>                           |                                     |     |     |
| 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           |                                     |     |     |

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.

| Compliance Status                                 |                                     | COS | R   |
|---------------------------------------------------|-------------------------------------|-----|-----|
| IN                                                | OUT                                 | N/A | N/O |
| <b>Protection from Contamination</b>              |                                     |     |     |
| 15                                                | <input checked="" type="checkbox"/> |     |     |
| Food separated & protected; single service gloves |                                     |     |     |
| 16                                                | <input checked="" type="checkbox"/> |     |     |
| Food-contact surfaces; cleaned & sanitized        |                                     |     |     |
| 17                                                | <input checked="" type="checkbox"/> |     |     |
| Proper disposal of unsafe food                    |                                     |     |     |
| <b>Time/Temperature Control for Safety</b>        |                                     |     |     |
| 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                 |                                     |     |     |
| <b>Consumer Advisory</b>                          |                                     |     |     |
| 25                                                | <input checked="" type="checkbox"/> |     |     |
| Advisory for raw/undercooked food                 |                                     |     |     |
| <b>Highly Susceptible Populations</b>             |                                     |     |     |
| 26                                                | <input checked="" type="checkbox"/> |     |     |
| Pasteurized foods used; No prohibited foods       |                                     |     |     |
| <b>Additives and Toxic Substances</b>             |                                     |     |     |
| 27                                                | <input checked="" type="checkbox"/> |     |     |
| Food additives: approved & properly used          |                                     |     |     |
| 28                                                | <input checked="" type="checkbox"/> |     |     |
| Toxic substances identified, stored, & used       |                                     |     |     |
| <b>Approved Procedures</b>                        |                                     |     |     |
| 29                                                | <input checked="" 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.

| Compliance Status                                |                                     | COS | R   |
|--------------------------------------------------|-------------------------------------|-----|-----|
| IN                                               | OUT                                 | N/A | N/O |
| <b>Safe Food and Water</b>                       |                                     |     |     |
| 30                                               | <input checked="" type="checkbox"/> |     |     |
| Pasteurized eggs used where required             |                                     |     |     |
| 31                                               | <input checked="" type="checkbox"/> |     |     |
| Water & ice from approved source                 |                                     |     |     |
| 32                                               | <input checked="" type="checkbox"/> |     |     |
| Variance obtained for special processing         |                                     |     |     |
| <b>Food Temperature Control</b>                  |                                     |     |     |
| 33                                               | <input checked="" type="checkbox"/> |     |     |
| Proper cooling methods; adequate equipment       |                                     |     |     |
| 34                                               | <input checked="" type="checkbox"/> |     |     |
| Plant food properly cooked for hot holding       |                                     |     |     |
| 35                                               | <input checked="" type="checkbox"/> |     |     |
| Approved thawing methods                         |                                     |     |     |
| 36                                               | <input checked="" type="checkbox"/> |     |     |
| Thermometers provided & accurate                 |                                     |     |     |
| <b>Food Identification</b>                       |                                     |     |     |
| 37                                               | <input checked="" type="checkbox"/> |     |     |
| Food properly labeled; original container        |                                     |     |     |
| <b>Prevention of Food Contamination</b>          |                                     |     |     |
| 38                                               | <input checked="" type="checkbox"/> |     |     |
| Insects, rodents, & animals not present          |                                     |     |     |
| 39                                               | <input checked="" type="checkbox"/> |     |     |
| No Contamination (preparation, storage, display) |                                     |     |     |
| 40                                               | <input checked="" type="checkbox"/> |     |     |
| Personal cleanliness                             |                                     |     |     |
| 41                                               | <input checked="" type="checkbox"/> |     |     |
| Wiping cloths: properly used & stored            |                                     |     |     |
| 42                                               | <input checked="" type="checkbox"/> |     |     |
| Washing fruits & vegetables                      |                                     |     |     |

| Compliance Status                                     |                                     | COS | R   |
|-------------------------------------------------------|-------------------------------------|-----|-----|
| IN                                                    | OUT                                 | N/A | N/O |
| <b>Proper Use of Utensils</b>                         |                                     |     |     |
| 43                                                    | <input checked="" type="checkbox"/> |     |     |
| Utensils: properly stored                             |                                     |     |     |
| 44                                                    | <input checked="" type="checkbox"/> |     |     |
| Equipment & linens: stored, dried, & handled          |                                     |     |     |
| 45                                                    | <input checked="" type="checkbox"/> |     |     |
| Single-use/single-service articles: stored & used     |                                     |     |     |
| 46                                                    | <input checked="" type="checkbox"/> |     |     |
| Slash Resistant / cloth gloves used properly          |                                     |     |     |
| <b>Utensils, Equipment and Vending</b>                |                                     |     |     |
| 47                                                    | <input checked="" type="checkbox"/> |     |     |
| Food & non-food contact surfaces                      |                                     |     |     |
| 48                                                    | <input checked="" type="checkbox"/> |     |     |
| Warewashing: installed, maintained, used; test strips |                                     |     |     |
| 49                                                    | <input checked="" type="checkbox"/> |     |     |
| Non-food contact surfaces clean                       |                                     |     |     |
| <b>Physical Facilities</b>                            |                                     |     |     |
| 50                                                    | <input checked="" type="checkbox"/> |     |     |
| Hot & cold water available; under pressure            |                                     |     |     |
| 51                                                    | <input checked="" type="checkbox"/> |     |     |
| Plumbing installed; proper backflow devices           |                                     |     |     |
| 52                                                    | <input checked="" type="checkbox"/> |     |     |
| Sewage & waste water properly disposed                |                                     |     |     |
| 53                                                    | <input checked="" type="checkbox"/> |     |     |
| Toilet facilities: supplied & cleaned                 |                                     |     |     |
| 54                                                    | <input checked="" type="checkbox"/> |     |     |
| Garbage & refuse disposal                             |                                     |     |     |
| 55                                                    | <input checked="" type="checkbox"/> |     |     |
| Facilities installed, maintained, & clean             |                                     |     |     |
| 56                                                    | <input checked="" type="checkbox"/> |     |     |
| Ventilation & lighting                                |                                     |     |     |
| 57                                                    | <input checked="" type="checkbox"/> |     |     |
| Permit; Fees; Application; Plans                      |                                     |     |     |

|                                                            |                        |
|------------------------------------------------------------|------------------------|
| Person in Charge (Print & Signature) <u>Evelyn Hampton</u> | Date: <u>9/30/20</u>   |
| Inspector (Print & Signature) <u>Brianna G. Peller</u>     | Phone: <u>569-3131</u> |



# Food Establishment Inspection Report

Name of Establishment:

SSHS

Permit Number:

60 48 00014

Date:

9/30/2020

## TEMPERATURE OBSERVATIONS

| Item/Location       | Temp  | Item/Location                                                                         | Temp | Item/Location | Temp |
|---------------------|-------|---------------------------------------------------------------------------------------|------|---------------|------|
| TRUE REFRI #1       | 37°F  |                                                                                       |      |               |      |
| TRUE REFRI #2       | 38°F  |                                                                                       |      |               |      |
| Walk in Cooler      | 31°F  |                                                                                       |      |               |      |
| Walk in freezer     | -10°F |                                                                                       |      |               |      |
| Rice - hot held     | 141°F | hot held items just prepped and placed in warmer at 175°F +/-<br>lunch served 11:55am |      |               |      |
| Broccoli - hot held | 135°F |                                                                                       |      |               |      |
| Hamburgers/chese    | 131°F |                                                                                       |      |               |      |

## OBSERVATIONS AND CORRECTIVE ACTIONS

Violations cited in this report must be corrected

Violation Number

- General sanitation of kitchen facility is well maintained
- All kitchen staff appear to adhere to proper hygiene guidelines. (wearing hair nets, hand washing, single use gloves)
- All cold holding temps within range of compliance.
- Hot holding temps OK - increasing with time until served.
- Dry storage area good - no food stored on floor
- Date marking where appropriate observed.
- Proper thawing practices observed (sausage frozen thawed in fridge)
- Dishwashing observed and sanitizer approx 200ppm.
- Mop sink observed - mops stored for proper air drying.

No violations noted during this site inspection.

Thank you!

Person in Charge (Signature)

*Evelyn Hampton*

Date

9/30/20

Inspector (Signature)

*Priscilla Peeler*

Date

9/30/20