

Food Establishment Inspection Report



Facility Type: Bar/Lounge Domestic Violence Intermediate Care DD PPEC
 Adult Day Care Civic Fraternal Org. Migrant Housing Recreational Camp Short-term Res Treat
 Afterschool Meal Prog Crisis Stabilization Unit Home for Special Services Movie Theater Residential Treatment Fac. Transitional Living Fac
 Assisted Living Detention Fac. Hospice School

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

Name of Establishment: Wildwood Intermediate School					RESULTS:	Correct by:		Stop Sale Issued	
Address: 200 Cleveland Ave City: Wildwood						<input type="checkbox"/> Satisfactory	Next Routine Inspection		
ZIP Code: 34705		Name of Person in Charge: Virginia Berry				<input type="checkbox"/> Unsatisfactory	8 A.M. on _____		
Telephone: 7931281		Person in Charge Email:				<input type="checkbox"/> Incomplete	(Date)		
Date (MM/DD/YY)	Begin Time AM/PM	End Time AM/PM	Permit Number	Position Number	<input type="checkbox"/> Closure	Number of Risk Factors/Intervention Violations Marked "OUT" (Items 1-29)			
8/3/23	10:00a	10:30a	48-	27869	<input type="checkbox"/> Out of Business	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		Compliance Status	
IN	OUT	IN	OUT
Supervision		Protection from Contamination	
1	<input checked="" type="checkbox"/>	15	<input checked="" type="checkbox"/>
Demonstration of Knowledge/Training		Food separated & protected; single service gloves	
2	<input checked="" type="checkbox"/>	16	<input checked="" type="checkbox"/>
Certified Manager/Person in Charge present		Food-contact surfaces; cleaned & sanitized	
Employee Health		Time/Temperature Control for Safety	
3	<input checked="" type="checkbox"/>	17	<input checked="" type="checkbox"/>
Knowledge, responsibilities and reporting		Proper disposal of unsafe food	
4	<input checked="" type="checkbox"/>	18	<input checked="" type="checkbox"/>
Proper use of restriction and exclusion		Cooking time & temperatures	
5	<input checked="" type="checkbox"/>	19	<input checked="" type="checkbox"/>
Responding to vomiting & diarrheal events		Reheating procedures for hot holding	
Good Hygienic Practices		20	<input checked="" type="checkbox"/>
6	<input checked="" type="checkbox"/>	Cooling time and temperature	
Proper eating, tasting, drinking, or tobacco use		21	<input checked="" type="checkbox"/>
7	<input checked="" type="checkbox"/>	Hot holding temperatures	
No discharge from eyes, nose, and mouth		22	<input checked="" type="checkbox"/>
Preventing Contamination by Hands		Cold holding temperatures	
8	<input checked="" type="checkbox"/>	23	<input checked="" type="checkbox"/>
Hands clean & properly washed		Date marking and disposition	
9	<input checked="" type="checkbox"/>	24	<input checked="" type="checkbox"/>
No bare hand contact with RTE food		Time as PHC; procedures & records	
10	<input checked="" type="checkbox"/>	Consumer Advisory	
Handwashing sinks, accessible & supplies		25	<input checked="" type="checkbox"/>
Approved Source		Advisory for raw/undercooked food	
11	<input checked="" type="checkbox"/>	Highly Susceptible Populations	
Food obtained from approved source		26	<input checked="" type="checkbox"/>
12	<input checked="" type="checkbox"/>	Pasteurized foods used; No prohibited foods	
Food received at proper temperature		Additives and Toxic Substances	
13	<input checked="" type="checkbox"/>	27	<input checked="" type="checkbox"/>
Food in good condition, safe, & unadulterated		Food additives: approved & properly used	
14	<input checked="" type="checkbox"/>	28	<input checked="" type="checkbox"/>
Shellstock tags & parasite destruction		Toxic substances identified, stored, & used	
Approved Procedures		29	<input checked="" type="checkbox"/>
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.		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	
30	<input checked="" type="checkbox"/>	43	<input checked="" type="checkbox"/>
Pasteurized eggs used where required		Utensils: properly stored	
31	<input checked="" type="checkbox"/>	44	<input checked="" type="checkbox"/>
Water & ice from approved source		Equipment & linens: stored, dried, & handled	
32	<input checked="" type="checkbox"/>	45	<input checked="" type="checkbox"/>
Variance obtained for special processing		Single-use/single-service articles: stored & used	
Food Temperature Control		46	<input checked="" type="checkbox"/>
33	<input checked="" type="checkbox"/>	Slash Resistant / cloth gloves used properly	
Proper cooling methods; adequate equipment		Utensils, Equipment and Vending	
34	<input checked="" type="checkbox"/>	47	<input checked="" type="checkbox"/>
Plant food properly cooked for hot holding		Food & non-food contact surfaces	
35	<input checked="" type="checkbox"/>	48	<input checked="" type="checkbox"/>
Approved thawing methods		Warewashing: installed, maintained, used; test strips	
36	<input checked="" type="checkbox"/>	49	<input checked="" type="checkbox"/>
Thermometers provided & accurate		Non-food contact surfaces clean	
Food Identification		Physical Facilities	
37	<input checked="" type="checkbox"/>	50	<input checked="" type="checkbox"/>
Food properly labeled; original container		Hot & cold water available; under pressure	
Prevention of Food Contamination		51	<input checked="" type="checkbox"/>
38	<input checked="" type="checkbox"/>	Plumbing installed; proper backflow devices	
Insects, rodents, & animals not present		52	<input checked="" type="checkbox"/>
39	<input checked="" type="checkbox"/>	Sewage & waste water properly disposed	
No Contamination (preparation, storage, display)		53	<input checked="" type="checkbox"/>
40	<input checked="" type="checkbox"/>	Toilet facilities: supplied & cleaned	
Personal cleanliness		54	<input checked="" type="checkbox"/>
41	<input checked="" type="checkbox"/>	Garbage & refuse disposal	
Wiping cloths: properly used & stored		55	<input checked="" type="checkbox"/>
42	<input checked="" type="checkbox"/>	Facilities installed, maintained, & clean	
Washing fruits & vegetables		56	<input checked="" type="checkbox"/>
		Ventilation & lighting	
		57	<input checked="" type="checkbox"/>
		Permit; Fees; Application; Plans	

Person in Charge (Print & Signature): *X. Lorraine D. Storm* **Date:** 8/3/23
Inspector (Print & Signature): *Brianna Peeler* **Phone:** 5693131

