


Food Establishment Inspection Report

	Facility Type: <input type="checkbox"/> Bar/Lounge <input type="checkbox"/> Domestic Violence <input type="checkbox"/> PPEC <input type="checkbox"/> Adult Day Care <input type="checkbox"/> Civic <input type="checkbox"/> Fraternal Org. <input type="checkbox"/> Intermediate Care DD <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"/> Migrant Housing <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 type="checkbox"/> Movie Theater <input 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: Wildwood Intermediate School	
	Address: 200 Cleveland Ave City: Wildwood	
ZIP Code: 34785	Name of Person in Charge: Virginia Beving	
Telephone: 793-1781	Person in Charge Email:	
Date (MM/DD/YY) 3/14/24	Begin Time AM/PM 11:20	End Time AM/PM
Permit Number 60-48-285403B	Position Number	

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	IN	OUT	N/A
Supervision			
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstration of Knowledge/Training			
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certified Manager/Person in Charge present			
Employee Health			
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge, responsibilities and reporting			
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper use of restriction and exclusion			
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responding to vomiting & diarrheal events			
Good Hygienic Practices			
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper eating, tasting, drinking, or tobacco use			
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No discharge from eyes, nose, and mouth			
Preventing Contamination by Hands			
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hands clean & properly washed			
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No bare hand contact with RTE food			
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handwashing sinks, accessible & supplies			
Approved Source			
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food obtained from approved source			
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food received at proper temperature			
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food in good condition, safe, & unadulterated			
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shellstock tags & parasite destruction			

Compliance Status	IN	OUT	N/A
Protection from Contamination			
15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food separated & protected; single service gloves			
16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food-contact surfaces; cleaned & sanitized			
17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper disposal of unsafe food			
Time/Temperature Control for Safety			
18	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooking time & temperatures			
19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reheating procedures for hot holding			
20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooling time and temperature			
21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hot holding temperatures			
22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cold holding temperatures			
23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date marking and disposition			
24	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time as PHC; procedures & records			
Consumer Advisory			
25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advisory for raw/undercooked food			
Highly Susceptible Populations			
26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pasteurized foods used; No prohibited foods			
Additives and Toxic Substances			
27	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food additives: approved & properly used			
28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toxic substances identified, stored, & used			
Approved Procedures			
29	<input checked="" type="checkbox"/>	<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.			
Compliance Status	IN	OUT	N/A
Safe Food and Water			
30	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pasteurized eggs used where required			
31	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water & ice from approved source			
32	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Variance obtained for special processing			
Food Temperature Control			
33	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper cooling methods; adequate equipment			
34	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plant food properly cooked for hot holding			
35	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Approved thawing methods			
36	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thermometers provided & accurate			
Food Identification			
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food properly labeled; original container			
Prevention of Food Contamination			
38	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insects, rodents, & animals not present			
39	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No Contamination (preparation, storage, display)			
40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal cleanliness			
41	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wiping cloths: properly used & stored			
42	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Washing fruits & vegetables			

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

Person in Charge (Print & Signature) Virginia Mueller	Date:
Inspector (Print & Signature)	Phone:

Virginia.mueller@Suncoast.k12.fl.us

Food Establishment Inspection Report

Name of Establishment:	Permit Number:	Date:
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TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
milk handling ice tray	41°				
walk-in cooler	45°				
walk-in freezer	30°				
cooler by sink	39°				
milk handling cooler	41° + 47°				
yogurt	43°				

OBSERVATIONS AND CORRECTIVE ACTIONS

Violations cited in this report must be corrected

Violation Number	Description
	- sanitizer gourd - 200
	- ensure milk coolers are closed when not in use.
	cont. milk wire mesh are stored hanging or upright
	- in proper clothing.
	- appliances are clean
	- foods getting ready to be prepared -
	↳ water - tms 55° ⇒
	Hot Packed - < 30°F
	Hot Packed: read hot temp eye on thermometer what temp is showing
22	- yogurt observed at 47° make sure temps are < 43°

Person in Charge (Signature)	Date
Inspector (Signature)	Date