


# Food Establishment Inspection Report

	<b>Facility Type:</b>		<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 type="checkbox"/> School	<input type="checkbox"/> Short-term Res Treat <input type="checkbox"/> Transitional Living Fac
<b>PURPOSE:</b> <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 <span style="float: right;">Grade: _____</span>						
<b>Name of Establishment:</b> Bushnell Elementary School			<b>RESULTS:</b>		<b>Correct by:</b>	
<b>Address:</b> 218 W Flannery Ave.			<input type="checkbox"/> Satisfactory		<input type="checkbox"/> Next Routine Inspection	
<b>City:</b> Bushnell			<input type="checkbox"/> Unsatisfactory		<input type="checkbox"/> 8 A.M. on _____	
<b>ZIP Code:</b> 33513			<input type="checkbox"/> Incomplete		(Date)	
<b>Name of Person in Charge:</b> Lisa Hahn			<input type="checkbox"/> Closure		Number of Risk Factors/Intervention Violations Marked "OUT" (Items 1-29) _____	
<b>Person in Charge Email:</b> _____			<input type="checkbox"/> Out of Business		Number of Repeat Violations (1-57 R) _____	
<b>Telephone:</b> 793-823						
<b>Date (MM/DD/YY)</b>	<b>Begin Time AM/PM</b>	<b>End Time AM/PM</b>	<b>Permit Number</b>	<b>Position Number</b>		
5/10/24	10:00 A	10:20 A	60-48-00003	960115		
<b>FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS</b>						
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						
<b>Compliance Status</b>				<b>Compliance Status</b>		
IN OUT N/A N/O				IN OUT N/A N/O		
<b>Supervision</b>				<b>Protection from Contamination</b>		
1	<input checked="" type="checkbox"/>	Demonstration of Knowledge/Training		15	<input checked="" type="checkbox"/>	Food separated & protected; single service gloves
2	<input checked="" type="checkbox"/>	Certified Manager/Person in Charge present		16	<input checked="" type="checkbox"/>	Food-contact surfaces; cleaned & sanitized
<b>Employee Health</b>				<b>Time/Temperature Control for Safety</b>		
3	<input checked="" type="checkbox"/>	Knowledge, responsibilities and reporting		17	<input checked="" type="checkbox"/>	Proper disposal of unsafe food
4	<input checked="" type="checkbox"/>	Proper use of restriction and exclusion		18	<input checked="" type="checkbox"/>	Cooking time & temperatures
5	<input checked="" type="checkbox"/>	Responding to vomiting & diarrheal events		19	<input checked="" type="checkbox"/>	Reheating procedures for hot holding
<b>Good Hygienic Practices</b>				<b>Consumer Advisory</b>		
6	<input checked="" type="checkbox"/>	Proper eating, tasting, drinking, or tobacco use		20	<input checked="" type="checkbox"/>	Cooling time and temperature
7	<input checked="" type="checkbox"/>	No discharge from eyes, nose, and mouth		21	<input checked="" type="checkbox"/>	Hot holding temperatures
<b>Preventing Contamination by Hands</b>				<b>Highly Susceptible Populations</b>		
8	<input checked="" type="checkbox"/>	Hands clean & properly washed		22	<input checked="" type="checkbox"/>	Cold holding temperatures
9	<input checked="" type="checkbox"/>	No bare hand contact with RTE food		23	<input checked="" type="checkbox"/>	Date marking and disposition
10	<input checked="" type="checkbox"/>	Handwashing sinks, accessible & supplies		24	<input checked="" type="checkbox"/>	Time as PHC; procedures & records
<b>Approved Source</b>				<b>Additives and Toxic Substances</b>		
11	<input checked="" type="checkbox"/>	Food obtained from approved source		25	<input checked="" type="checkbox"/>	Advisory for raw/undercooked food
12	<input checked="" type="checkbox"/>	Food received at proper temperature		26	<input checked="" type="checkbox"/>	Pasteurized foods used; No prohibited foods
13	<input checked="" type="checkbox"/>	Food in good condition, safe, & unadulterated		<b>Approved Procedures</b>		
14	<input checked="" type="checkbox"/>	Shellstock tags & parasite destruction		27	<input checked="" type="checkbox"/>	Food additives: approved & properly used
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.				28	<input checked="" type="checkbox"/>	Toxic substances identified, stored, & used
				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.						
<b>GOOD RETAIL PRACTICES</b>						
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		
<b>Safe Food and Water</b>				<b>Proper Use of Utensils</b>		
30	<input checked="" type="checkbox"/>	Pasteurized eggs used where required		43	<input checked="" type="checkbox"/>	Utensils: properly stored
31	<input checked="" type="checkbox"/>	Water & ice from approved source		44	<input checked="" type="checkbox"/>	Equipment & linens: stored, dried, & handled
32	<input checked="" type="checkbox"/>	Variance obtained for special processing		45	<input checked="" type="checkbox"/>	Single-use/single-service articles: stored & used
<b>Food Temperature Control</b>				<b>Utensils, Equipment and Vending</b>		
33	<input checked="" type="checkbox"/>	Proper cooling methods; adequate equipment		46	<input checked="" type="checkbox"/>	Slash Resistant / cloth gloves used properly
34	<input checked="" type="checkbox"/>	Plant food properly cooked for hot holding		<b>Physical Facilities</b>		
35	<input checked="" type="checkbox"/>	Approved thawing methods		47	<input checked="" type="checkbox"/>	Food & non-food contact surfaces
36	<input checked="" type="checkbox"/>	Thermometers provided & accurate		48	<input checked="" type="checkbox"/>	Warewashing: installed, maintained, used; test strips
<b>Food Identification</b>				49	<input checked="" type="checkbox"/>	Non-food contact surfaces clean
37	<input checked="" type="checkbox"/>	Food properly labeled; original container		<b>Physical Facilities</b>		
<b>Prevention of Food Contamination</b>				50	<input checked="" type="checkbox"/>	Hot & cold water available; under pressure
38	<input checked="" type="checkbox"/>	Insects, rodents, & animals not present		51	<input checked="" type="checkbox"/>	Plumbing installed; proper backflow devices
39	<input checked="" type="checkbox"/>	No Contamination (preparation, storage, display)		52	<input checked="" type="checkbox"/>	Sewage & waste water properly disposed
40	<input checked="" type="checkbox"/>	Personal cleanliness		53	<input checked="" type="checkbox"/>	Toilet facilities: supplied & cleaned
41	<input checked="" type="checkbox"/>	Wiping cloths: properly used & stored		54	<input checked="" type="checkbox"/>	Garbage & refuse disposal
42	<input checked="" type="checkbox"/>	Washing fruits & vegetables		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
<b>Person in Charge (Print &amp; Signature)</b> Lisa Hahn				<b>Date:</b> 5-10-24		
<b>Inspector (Print &amp; Signature)</b> Olivia Ellard				<b>Phone:</b> 352-5169-		



# Food Establishment Inspection Report

Name of Establishment:

Bushnell Elem.

Permit Number:

Date:

## TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
mini calzones	160°				
walk in cooler	40°				
walk in freezer	15°				
corn	170°				
ranch	50°				
milk	42°				

## OBSERVATIONS AND CORRECTIVE ACTIONS

Violations cited in this report must be corrected

Violation  
Number

- ensure ranch cups are refrigerated properly at <42°F
- foods properly date marked
- dry storage good
- employees practicing proper hygiene
- sinks stocked w/ soaps+ paper towels
- sanitizer 200 ppm
- temps in freezers+coolers are good.
- mops are properly stored.

Person in Charge (Signature)

Date

Inspector (Signature)

Date

5/10/24