

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"/> Recreational Camp	<input type="checkbox"/> Short-term Res Treat
<input type="checkbox"/> Adult Day Care	<input type="checkbox"/> Civic	<input type="checkbox"/> Fraternal Org.	<input type="checkbox"/> Migrant Housing	<input type="checkbox"/> Residential Treatment Fac.	<input type="checkbox"/> School	<input type="checkbox"/> Transitional Living Fac
<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"/> Assisted Living	<input type="checkbox"/> Detention Fac.	<input type="checkbox"/> Hospice				

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

Name of Establishment: Lake Panasoffkee Elementary School Address: 780 CR 482N City: Lake Panasoffkee ZIP Code: 33538 Name of Person in Charge: Melinda Peters Telephone: _____ Person in Charge Email: _____ Date (MM/DD/YY): 03/15/24 Begin Time AM/PM: 10:45 End Time AM/PM: _____ Permit Number: 62-48-2024 Position Number: 29599				RESULTS: <input type="checkbox"/> Satisfactory <input type="checkbox"/> Next Routine Inspection <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> 8 A.M. on _____ <input type="checkbox"/> Incomplete (Date) <input type="checkbox"/> Closure <input type="checkbox"/> Number of Risk Factors/Intervention Violations Marked "OUT" (Items 1-29) _____ <input type="checkbox"/> Out of Business <input type="checkbox"/> Number of Repeat Violations (1-57 R) _____	
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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	Demonstration of Knowledge/Training	15	Food separated & protected; single service gloves
2	Certified Manager/Person in Charge present	16	Food-contact surfaces; cleaned & sanitized
Employee Health		17	Proper disposal of unsafe food
3	Knowledge, responsibilities and reporting	Time/Temperature Control for Safety	
4	Proper use of restriction and exclusion	18	Cooking time & temperatures
5	Responding to vomiting & diarrheal events	19	Reheating procedures for hot holding
Good Hygienic Practices		20	Cooling time and temperature
6	Proper eating, tasting, drinking, or tobacco use	21	Hot holding temperatures
7	No discharge from eyes, nose, and mouth	22	Cold holding temperatures
Preventing Contamination by Hands		23	Date marking and disposition
8	Hands clean & properly washed	24	Time as PHC; procedures & records
9	No bare hand contact with RTE food	Consumer Advisory	
10	Handwashing sinks, accessible & supplies	25	Advisory for raw/undercooked food
Approved Source		Highly Susceptible Populations	
11	Food obtained from approved source	26	Pasteurized foods used; No prohibited foods
12	Food received at proper temperature	Additives and Toxic Substances	
13	Food in good condition, safe, & unadulterated	27	Food additives: approved & properly used
14	Shellstock tags & parasite destruction	28	Toxic substances identified, stored, & 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.		Approved Procedures	
		29	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		COS	R
Safe Food and Water									
30	Pasteurized eggs used where required								
31	Water & ice from approved source								
32	Variance obtained for special processing								
Food Temperature Control									
33	Proper cooling methods; adequate equipment								
34	Plant food properly cooked for hot holding								
35	Approved thawing methods								
36	Thermometers provided & accurate								
Food Identification									
37	Food properly labeled; original container								
Prevention of Food Contamination									
38	Insects, rodents, & animals not present								
39	No Contamination (preparation, storage, display)								
40	Personal cleanliness								
41	Wiping cloths: properly used & stored								
42	Washing fruits & vegetables								

Person in Charge (Print & Signature): Melinda Peters	Date: 3-18-24
Inspector (Print & Signature): Eric L. P. 2024	Phone: 569-3131

Food Establishment Inspection Report

Name of Establishment:

Lake On Glen School

Permit Number:

60-48-0006

Date:

3-18-24

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
mashed potatoes	163°				
hot holding cabinet	153°				
meatloaf hot holding	135°				
cooler	36°				
cooler #2	43°				
walk-in cooler	38°				
walk-in freezer	10°				

OBSERVATIONS AND CORRECTIVE ACTIONS

Violations cited in this report must be corrected

Violation
Number

- continue to ensure maps are stored upright for proper drying
- sanitizer at 400 good
- dry storage good
- make sure hot holding temps > 135°
 - ↳ meatloaf @ 125° } may be due to
- keep an eye on cooler temps } constant use
- employees practicing proper hygiene

Person in Charge (Signature)

Melinda Peters

Date

3-18-24

Inspector (Signature)

W. Blizgall

Date

3-18-24