

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"/> 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"/> Movie Theater <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 checked="" 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 Grade: _____						
Name of Establishment: <u>South Sumter High School</u>		RESULTS: <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Incomplete <input type="checkbox"/> Closure <input type="checkbox"/> Out of Business				
Address: <u>706 N Main St</u> City: <u>Bushnell</u>						
ZIP Code: <u>33513</u> Name of Person in Charge: <u>Evelyn Hampton</u>						
Telephone: <u>983-2215</u> Person in Charge Email: <u>Evelyn.Hampton@sumter.k12.fl.us</u>						
Date (MM/DD/YY) <u>12/8/23</u>	Begin Time AM/PM <u>9:30 A</u>	End Time AM/PM <u>10:00 A</u>	Permit Number <u>60-48-00014</u>	Position Number <u>29599</u>	Correct by: <input type="checkbox"/> Next Routine Inspection <input type="checkbox"/> 8 A.M. on _____ (Date)	Stop Sale Issued <input type="checkbox"/>
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS					Number of Risk Factors/Intervention Violations Marked "OUT" (Items 1-29) <u>0</u>	
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					Number of Repeat Violations (1-57 R) <u>0</u>	
Compliance Status IN OUT N/A N/O			Compliance Status IN OUT N/A N/O			
Supervision			Protection from Contamination			
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	
Employee Health			17	<input checked="" type="checkbox"/>	Proper disposal of unsafe food	
3	<input checked="" type="checkbox"/>	Knowledge, responsibilities and reporting	Time/Temperature Control for Safety			
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	
Good Hygienic Practices			20	<input checked="" type="checkbox"/>	Cooling time and temperature	
6	<input checked="" type="checkbox"/>	Proper eating, tasting, drinking, or tobacco use	21	<input checked="" type="checkbox"/>	Hot holding temperatures	
7	<input checked="" type="checkbox"/>	No discharge from eyes, nose, and mouth	22	<input checked="" type="checkbox"/>	Cold holding temperatures	
Preventing Contamination by Hands			23	<input checked="" type="checkbox"/>	Date marking and disposition	
8	<input checked="" type="checkbox"/>	Hands clean & properly washed	24	<input checked="" type="checkbox"/>	Time as PHC; procedures & records	
9	<input checked="" type="checkbox"/>	No bare hand contact with RTE food	Consumer Advisory			
10	<input checked="" type="checkbox"/>	Handwashing sinks, accessible & supplies	25	<input checked="" type="checkbox"/>	Advisory for raw/undercooked food	
Approved Source			Highly Susceptible Populations			
11	<input checked="" type="checkbox"/>	Food obtained from approved source	26	<input checked="" type="checkbox"/>	Pasteurized foods used; No prohibited foods	
12	<input checked="" type="checkbox"/>	Food received at proper temperature	Additives and Toxic Substances			
13	<input checked="" type="checkbox"/>	Food in good condition, safe, & unadulterated	27	<input checked="" type="checkbox"/>	Food additives: approved & properly used	
14	<input checked="" type="checkbox"/>	Shellstock tags & parasite destruction	28	<input checked="" type="checkbox"/>	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	<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.						
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"/>	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	
Food Temperature Control			46	<input checked="" type="checkbox"/>	Slash Resistant / cloth gloves used properly	
33	<input checked="" type="checkbox"/>	Proper cooling methods; adequate equipment	Utensils, Equipment and Vending			
34	<input checked="" type="checkbox"/>	Plant food properly cooked for hot holding	47	<input checked="" type="checkbox"/>	Food & non-food contact surfaces	
35	<input checked="" type="checkbox"/>	Approved thawing methods	48	<input checked="" type="checkbox"/>	Warewashing: installed, maintained, used; test strips	
36	<input checked="" type="checkbox"/>	Thermometers provided & accurate	49	<input checked="" type="checkbox"/>	Non-food contact surfaces clean	
Food Identification			Physical Facilities			
37	<input checked="" type="checkbox"/>	Food properly labeled; original container	50	<input checked="" type="checkbox"/>	Hot & cold water available; under pressure	
Prevention of Food Contamination			51	<input checked="" type="checkbox"/>	Plumbing installed; proper backflow devices	
38	<input checked="" type="checkbox"/>	Insects, rodents, & animals not present	52	<input checked="" type="checkbox"/>	Sewage & waste water properly disposed	
39	<input checked="" type="checkbox"/>	No Contamination (preparation, storage, display)	53	<input checked="" type="checkbox"/>	Toilet facilities: supplied & cleaned	
40	<input checked="" type="checkbox"/>	Personal cleanliness	54	<input checked="" type="checkbox"/>	Garbage & refuse disposal	
41	<input checked="" type="checkbox"/>	Wiping cloths: properly used & stored	55	<input checked="" type="checkbox"/>	Facilities installed, maintained, & clean	
42	<input checked="" type="checkbox"/>	Washing fruits & vegetables	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>12-8-23</u>			
Inspector (Print & Signature) <u>Eric Witte</u>			Phone: <u>569-3131</u>			

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