

# 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"/> 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"/> Recreational Camp	<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"/> Residential Treatment Fac.	<input type="checkbox"/> School	
	<input type="checkbox"/> Assisted Living		<input type="checkbox"/> Detention Fac.	<input type="checkbox"/> Hospice				
<b>PURPOSE:</b> <input 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: _____								
<b>Name of Establishment:</b> <u>South / Sumter Middle School</u>				<b>RESULTS:</b>				<b>Correct by:</b>
<b>Address:</b> <u>733 NW 10th Ave</u>				<b>City:</b> <u>Webster</u>				<input type="checkbox"/> Next Routine Inspection
<b>ZIP Code:</b> <u>33599</u>				<b>Name of Person in Charge:</b> <u>Tammy Skipper</u>				<input type="checkbox"/> 8 A.M. on _____
<b>Telephone:</b> <u>943-2320</u>				<b>Person in Charge Email:</b> _____				(Date)
<b>Date (MM/DD/YY)</b>		<b>Begin Time AM/PM</b>		<b>End Time AM/PM</b>		<b>Permit Number</b>		
<u>12/5/23</u>		<u>9:30p</u>		<u>10:00p</u>		<u>60-98-00015</u>		
<b>Position Number</b>		<u>2958P</u>						
<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>				
<b>IN OUT N/A N/O</b>				<b>IN OUT N/A N/O</b>				
<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>				17 <input checked="" type="checkbox"/> Proper disposal of unsafe food				
3 <input checked="" type="checkbox"/> Knowledge, responsibilities and reporting				<b>Time/Temperature Control for Safety</b>				
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>				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				
<b>Preventing Contamination by Hands</b>				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				<b>Consumer Advisory</b>				
10 <input checked="" type="checkbox"/> Handwashing sinks, accessible & supplies				25 <input checked="" type="checkbox"/> Advisory for raw/undercooked food				
<b>Approved Source</b>				<b>Highly Susceptible Populations</b>				
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				<b>Additives and Toxic Substances</b>				
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.				<b>Approved Procedures</b>				
				29 <input checked="" type="checkbox"/> Variance/specialized process/HACCP				
<b>GOOD RETAIL PRACTICES</b>				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 are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.								
<b>IN OUT N/A N/O</b>				<b>IN OUT N/A N/O</b>				
<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>				46 <input checked="" type="checkbox"/> Slash Resistant / cloth gloves used properly				
33 <input checked="" type="checkbox"/> Proper cooling methods; adequate equipment				<b>Utensils, Equipment and Vending</b>				
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				
<b>Food Identification</b>				<b>Physical Facilities</b>				
37 <input checked="" type="checkbox"/> Food properly labeled; original container				50 <input checked="" type="checkbox"/> Hot & cold water available; under pressure				
<b>Prevention of Food Contamination</b>				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								
<b>Person in Charge (Print &amp; Signature)</b> <u>Tammy Skipper</u>				<b>Date:</b> <u>12-5-23</u>				
<b>Inspector (Print &amp; Signature)</b> <u>Eric Witzgall</u>				<b>Phone:</b> <u>569-3131</u>				



# Food Establishment Inspection Report

Name of Establishment:

South Sumter Middle Sch.

Permit Number:

60-48-00615

Date:

12-5-23

## TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Del Prep Fridge	39°F				
Milk Cooler	41°F				
Walk-in Cooler	42°F				
Freezer	<20°F				

## OBSERVATIONS AND CORRECTIVE ACTIONS

Violations cited in this report must be corrected

Violation  
Number

Quat Ammonia Sanitizer > 200 ppm  
No Hot holding at this time  
Cold Temps all good (41°F & 2°F or less)  
Date Markings present.

Continue ensuring mop stored for drying  
All Food employees appear to have hair protection

Person in Charge (Signature)

Date

12-5-23

Inspector (Signature)

Date

12-5-23