


# 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"/> Afterschool Meal Prog	<input type="checkbox"/> Crisis Stabilization Unit	<input type="checkbox"/> Home for Special Services	<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		
<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 <input type="checkbox"/> Grade: _____									
<b>Name of Establishment:</b> <u>Wildwood Middle High School</u>					<b>RESULTS:</b>			<b>Correct by:</b>	
<b>Address:</b> <u>700 Hwy 92</u> <b>City:</b> <u>Wildwood</u>					<input type="checkbox"/> Satisfactory			<input type="checkbox"/> Next Routine Inspection	
<b>ZIP Code:</b> <u>34785</u> <b>Name of Person in Charge:</b> <u>Carol Graham</u>					<input type="checkbox"/> Unsatisfactory			<input type="checkbox"/> 8 A.M. on _____	
<b>Telephone:</b> <u>748-2622</u> <b>Person in Charge Email:</b> <u>N/A</u>					<input type="checkbox"/> Incomplete			(Date)	
<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>	
<u>3/26/24</u>		<u>9:30</u>				<u>60-48-00021</u>		<u>29599</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>				
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"/> — <input checked="" type="checkbox"/> — <input checked="" type="checkbox"/> — Demonstration of Knowledge/Training					15 <input checked="" type="checkbox"/> — <input checked="" type="checkbox"/> — <input checked="" type="checkbox"/> — Food separated & protected; single service gloves				
2 <input checked="" type="checkbox"/> — <input checked="" type="checkbox"/> — <input checked="" type="checkbox"/> — Certified Manager/Person in Charge present					16 <input checked="" type="checkbox"/> — <input checked="" type="checkbox"/> — <input checked="" type="checkbox"/> — Food-contact surfaces; cleaned & sanitized				
<b>Employee Health</b>					17 <input checked="" type="checkbox"/> — <input checked="" type="checkbox"/> — <input checked="" type="checkbox"/> — Proper disposal of unsafe food				
3 <input checked="" type="checkbox"/> — <input checked="" type="checkbox"/> — <input checked="" type="checkbox"/> — Knowledge, responsibilities and reporting					<b>Time/Temperature Control for Safety</b>				
4 <input checked="" type="checkbox"/> — <input checked="" type="checkbox"/> — <input checked="" type="checkbox"/> — Proper use of restriction and exclusion					18 <input checked="" type="checkbox"/> — <input checked="" type="checkbox"/> — <input checked="" type="checkbox"/> — Cooking time & temperatures				
5 <input checked="" type="checkbox"/> — <input checked="" type="checkbox"/> — <input checked="" type="checkbox"/> — Responding to vomiting & diarrheal events					19 <input checked="" type="checkbox"/> — <input checked="" type="checkbox"/> — <input checked="" type="checkbox"/> — Reheating procedures for hot holding				
<b>Good Hygienic Practices</b>					20 <input checked="" type="checkbox"/> — <input checked="" type="checkbox"/> — <input checked="" type="checkbox"/> — Cooling time and temperature				
6 <input checked="" type="checkbox"/> — <input checked="" type="checkbox"/> — <input checked="" type="checkbox"/> — Proper eating, tasting, drinking, or tobacco use					21 <input checked="" type="checkbox"/> — <input checked="" type="checkbox"/> — <input checked="" type="checkbox"/> — Hot holding temperatures				
7 <input checked="" type="checkbox"/> — <input checked="" type="checkbox"/> — <input checked="" type="checkbox"/> — No discharge from eyes, nose, and mouth					22 <input checked="" type="checkbox"/> — <input checked="" type="checkbox"/> — <input checked="" type="checkbox"/> — Cold holding temperatures				
<b>Preventing Contamination by Hands</b>					23 <input checked="" type="checkbox"/> — <input checked="" type="checkbox"/> — <input checked="" type="checkbox"/> — Date marking and disposition				
8 <input checked="" type="checkbox"/> — <input checked="" type="checkbox"/> — <input checked="" type="checkbox"/> — Hands clean & properly washed					24 <input checked="" type="checkbox"/> — <input checked="" type="checkbox"/> — <input checked="" type="checkbox"/> — Time as PHC; procedures & records				
9 <input checked="" type="checkbox"/> — <input checked="" type="checkbox"/> — <input checked="" type="checkbox"/> — No bare hand contact with RTE food					<b>Consumer Advisory</b>				
10 <input checked="" type="checkbox"/> — <input checked="" type="checkbox"/> — <input checked="" type="checkbox"/> — Handwashing sinks, accessible & supplies					25 <input checked="" type="checkbox"/> — <input checked="" type="checkbox"/> — <input checked="" type="checkbox"/> — Advisory for raw/undercooked food				
<b>Approved Source</b>					<b>Highly Susceptible Populations</b>				
11 <input checked="" type="checkbox"/> — <input checked="" type="checkbox"/> — <input checked="" type="checkbox"/> — Food obtained from approved source					26 <input checked="" type="checkbox"/> — <input checked="" type="checkbox"/> — <input checked="" type="checkbox"/> — Pasteurized foods used; No prohibited foods				
12 <input checked="" type="checkbox"/> — <input checked="" type="checkbox"/> — <input checked="" type="checkbox"/> — Food received at proper temperature					<b>Additives and Toxic Substances</b>				
13 <input checked="" type="checkbox"/> — <input checked="" type="checkbox"/> — <input checked="" type="checkbox"/> — Food in good condition, safe, & unadulterated					27 <input checked="" type="checkbox"/> — <input checked="" type="checkbox"/> — <input checked="" type="checkbox"/> — Food additives: approved & properly used				
14 <input checked="" type="checkbox"/> — <input checked="" type="checkbox"/> — <input checked="" type="checkbox"/> — Shellstock tags & parasite destruction					28 <input checked="" type="checkbox"/> — <input checked="" type="checkbox"/> — <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.					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"/> — <input checked="" type="checkbox"/> — <input checked="" type="checkbox"/> — Pasteurized eggs used where required					43 <input checked="" type="checkbox"/> — <input checked="" type="checkbox"/> — <input checked="" type="checkbox"/> — Utensils: properly stored				
31 <input checked="" type="checkbox"/> — <input checked="" type="checkbox"/> — <input checked="" type="checkbox"/> — Water & ice from approved source					44 <input checked="" type="checkbox"/> — <input checked="" type="checkbox"/> — <input checked="" type="checkbox"/> — Equipment & linens: stored, dried, & handled				
32 <input checked="" type="checkbox"/> — <input checked="" type="checkbox"/> — <input checked="" type="checkbox"/> — Variance obtained for special processing					45 <input checked="" type="checkbox"/> — <input checked="" type="checkbox"/> — <input checked="" type="checkbox"/> — Single-use/single-service articles: stored & used				
<b>Food Temperature Control</b>					46 <input checked="" type="checkbox"/> — <input checked="" type="checkbox"/> — <input checked="" type="checkbox"/> — Slash Resistant / cloth gloves used properly				
33 <input checked="" type="checkbox"/> — <input checked="" type="checkbox"/> — <input checked="" type="checkbox"/> — Proper cooling methods; adequate equipment					<b>Utensils, Equipment and Vending</b>				
34 <input checked="" type="checkbox"/> — <input checked="" type="checkbox"/> — <input checked="" type="checkbox"/> — Plant food properly cooked for hot holding					47 <input checked="" type="checkbox"/> — <input checked="" type="checkbox"/> — <input checked="" type="checkbox"/> — Food & non-food contact surfaces				
35 <input checked="" type="checkbox"/> — <input checked="" type="checkbox"/> — <input checked="" type="checkbox"/> — Approved thawing methods					48 <input checked="" type="checkbox"/> — <input checked="" type="checkbox"/> — <input checked="" type="checkbox"/> — Warewashing: installed, maintained, used; test strips				
36 <input checked="" type="checkbox"/> — <input checked="" type="checkbox"/> — <input checked="" type="checkbox"/> — Thermometers provided & accurate					49 <input checked="" type="checkbox"/> — <input checked="" type="checkbox"/> — <input checked="" type="checkbox"/> — Non-food contact surfaces clean				
<b>Food Identification</b>					<b>Physical Facilities</b>				
37 <input checked="" type="checkbox"/> — <input checked="" type="checkbox"/> — <input checked="" type="checkbox"/> — Food properly labeled; original container					50 <input checked="" type="checkbox"/> — <input checked="" type="checkbox"/> — <input checked="" type="checkbox"/> — Hot & cold water available; under pressure				
<b>Prevention of Food Contamination</b>					51 <input checked="" type="checkbox"/> — <input checked="" type="checkbox"/> — <input checked="" type="checkbox"/> — Plumbing installed; proper backflow devices				
38 <input checked="" type="checkbox"/> — <input checked="" type="checkbox"/> — <input checked="" type="checkbox"/> — Insects, rodents, & animals not present					52 <input checked="" type="checkbox"/> — <input checked="" type="checkbox"/> — <input checked="" type="checkbox"/> — Sewage & waste water properly disposed				
39 <input checked="" type="checkbox"/> — <input checked="" type="checkbox"/> — <input checked="" type="checkbox"/> — No Contamination (preparation, storage, display)					53 <input checked="" type="checkbox"/> — <input checked="" type="checkbox"/> — <input checked="" type="checkbox"/> — Toilet facilities: supplied & cleaned				
40 <input checked="" type="checkbox"/> — <input checked="" type="checkbox"/> — <input checked="" type="checkbox"/> — Personal cleanliness					54 <input checked="" type="checkbox"/> — <input checked="" type="checkbox"/> — <input checked="" type="checkbox"/> — Garbage & refuse disposal				
41 <input checked="" type="checkbox"/> — <input checked="" type="checkbox"/> — <input checked="" type="checkbox"/> — Wiping cloths: properly used & stored					55 <input checked="" type="checkbox"/> — <input checked="" type="checkbox"/> — <input checked="" type="checkbox"/> — Facilities installed, maintained, & clean				
42 <input checked="" type="checkbox"/> — <input checked="" type="checkbox"/> — <input checked="" type="checkbox"/> — Washing fruits & vegetables					56 <input checked="" type="checkbox"/> — <input checked="" type="checkbox"/> — <input checked="" type="checkbox"/> — Ventilation & lighting				
57 <input checked="" type="checkbox"/> — <input checked="" type="checkbox"/> — <input checked="" type="checkbox"/> — Permit; Fees; Application; Plans									
<b>Person in Charge (Print &amp; Signature)</b> <u>Carol Graham</u>					<b>Date:</b> <u>3-26-24</u>				
<b>Inspector (Print &amp; Signature)</b> <u>Eric Whitte</u>					<b>Phone:</b> <u>569-3131</u>				



# Food Establishment Inspection Report

Name of Establishment:

Permit Number:

Date:

## TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
walk in cooler	< 39°				
cooler	39°				
walk in freezer	-2°				
yogurt	39°				
milk	37°				
ice cream	16°				

## OBSERVATIONS AND CORRECTIVE ACTIONS

Violations cited in this report must be corrected

Violation  
Number

NH<sub>4</sub> conc - 400 ppm  
no hot holding observed  
dry storage good  
all labels + date markings good  
all appliances clean  
ensure there is a thermometer w/ ice cream cooler

\* potential water quality issue  
↳ water appears to have a red / brown tint  
water pipes should be looked at

Ice Cream Thermometer  
is in the Ice Cream Freezer.  
Inspector overlooked it.  
I pointed it out to them.

Person in Charge (Signature)

Date 3-26-24

Inspector (Signature)

Date 3-26-24