

Food Establishment Inspection Report

	Facility Type: <input type="checkbox"/> Bar/Lounge <input type="checkbox"/> Domestic Violence <input type="checkbox"/> PPEC	
	<input type="checkbox"/> Adult Day Care <input type="checkbox"/> Civic <input type="checkbox"/> Fraternal Org. <input type="checkbox"/> Intermediate Care DD <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"/> Migrant Housing <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 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		
Name of Establishment: <u>Marathon High School</u>		RESULTS: <input checked="" type="checkbox"/> Satisfactory
Address: <u>350 Sombriero Beach Rd</u> City: <u>Marathon</u>		<input type="checkbox"/> Unsatisfactory
ZIP Code: <u>33050</u>	Name of Person in Charge:	<input type="checkbox"/> Incomplete
Telephone: <u>793-1405</u>	Person in Charge Email:	<input type="checkbox"/> Closure
Date (MM/DD/YY): <u>3-31-20</u>	Begin Time AM/PM: <u>9:30</u>	End Time AM/PM: <u>10:20</u>
Permit Number: <u>00156</u>	Position Number: <u>81052</u>	<input type="checkbox"/> Out of Business
Correct by:		Next Routine Inspection
		8 A.M. on _____ (Date)
		Stop Sale Issued _____
		Number of Risk Factors/Intervention Violations Marked "OUT" (Items 1-29) <u>0</u>
		Number of Repeat Violations (1-57 R) <u>0</u>

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 N/A NO	IN	OUT N/A NO
Supervision			
1	Demonstration of Knowledge/Training	15	Food separated & protected, single-use gloves
2	Certified Manager/Person in Charge present	16	Food-contact surfaces: cleaned & sanitized
Employee Health			
3	Knowledge, responsibilities and reporting	17	Proper disposal of unsafe food
4	Proper use of restriction and exclusion	Time/Temperature Control for Safety	
5	Responding to vomiting & diarrheal events	18	Cooking time & temperatures
Good Hygienic Practices			
6	Proper eating, tasting, drinking, or tobacco use	19	Reheating procedures for hot holding
7	No discharge from eyes, nose, and mouth	20	Cooling time and temperature
Preventing Contamination by Hands			
8	Hands clean & properly washed	21	Hot holding temperatures
9	No bare hand contact with RTE food	22	Cold holding temperatures
10	Handwashing sinks, accessible & supplies	23	Date marking and disposition
Approved Source			
11	Food obtained from approved source	24	Time as PHC: procedures & records
12	Food received at proper temperature	Consumer Advisory	
13	Food in good condition, safe, & unadulterated	25	Advisory for raw/undercooked food
14	Shellstock tags & parasite destruction	Highly Susceptible Populations	
Approved Procedures			
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.			
26	Pasteurized foods used, No prohibited foods	Additives and Toxic Substances	
27	Food additives: approved & properly used	27	Food additives: approved & properly used
28	Toxic substances identified, stored, & used	28	Toxic substances identified, stored, & used
29	Variance/specialized process/HACCP	Approved Procedures	
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 NO		IN OUT N/A NO	
Safe Food and Water			
30	Pasteurized eggs used where required	Proper Use of Utensils	
31	Water & ice from approved source	43	Utensils: properly stored
32	Variance obtained for special processing	44	Equipment & linens: stored, dried, & handled
Food Temperature Control			
33	Proper cooling methods; adequate equipment	45	Single-use/single-service articles: stored & used
34	Plant food properly cooked for hot holding	46	Slash-resistant/cloth gloves used properly
35	Approved thawing methods	Utensils, Equipment and Vending	
36	Thermometers provided & accurate	47	Food & non-food contact surfaces
Food Identification			
37	Food properly labeled, original container	48	Warewashing: installed, maintained, used, test strips
Prevention of Food Contamination			
38	Insects, rodents, & animals not present	49	Non-food contact surfaces clean
39	No Contamination (preparation, storage, display)	Physical Facilities	
40	Personal cleanliness	50	Hot & cold water available; under pressure
41	Wiping cloths: properly used & stored	51	Plumbing installed; proper backflow devices
42	Washing fruits & vegetables	52	Sewage & waste water properly disposed
		53	Toilet facilities: supplied & cleaned
		54	Garbage & refuse disposal
		55	Facilities installed, maintained, & clean
		56	Ventilation & lighting
		57	Permit; Fees; Application; Plans

Person in Charge (Print & Signature): <u>Cynthia J. Keplav</u>	Date: <u>3-31-20</u>
Inspector (Print & Signature): <u>Filipe Garcia</u>	Phone: <u>676-394</u>

Food Establishment Inspection Report

Name of Establishment:

Marathon High School

Permit Number:

00186

Date:

3-31-20

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Freezer					
Freezer	0				
Tray	36				

OBSERVATIONS AND CORRECTIVE ACTIONS

Violations cited in this report must be corrected

Violation Number

Cold food being provided. 193 meals made. Everything in good order.

Person in Charge (Signature)

[Handwritten Signature]

Date

Inspector (Signature)

[Handwritten Signature]

Date

676-3447