


# 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"/> Residential Treatment Fac.	<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 checked="" type="checkbox"/> School		
	<input type="checkbox"/> Assisted Living	<input type="checkbox"/> Detention Fac.	<input type="checkbox"/> Hospice				
<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							
<b>Name of Establishment:</b> Marathon High School				<b>RESULTS:</b>		<b>Correct by:</b>	
<b>Address:</b> 350 Sombrero Beach Rd. City: Marathon				<input checked="" type="checkbox"/> Satisfactory		Next Routine Inspection	
<b>ZIP Code:</b> 33050		<b>Name of Person in Charge:</b>		<input type="checkbox"/> Unsatisfactory		8 A.M. on _____	
<b>Telephone:</b> 243-1408		<b>Person In Charge Email:</b>		<input type="checkbox"/> Incomplete		(Date)	
<b>Date (MM/DD/YY):</b> 12-19-19	<b>Begin Time AM/PM:</b> 9:30	<b>End Time AM/PM:</b> 10:10	<b>Permit Number:</b> 00156	<b>Position Number:</b> 81052	<input type="checkbox"/> Closure		<b>Number of Risk Factors/Intervention Violations Marked "OUT" (Items 1-29):</b> 0
					<input type="checkbox"/> Out of Business		<b>Number of Repeat Violations (1-57 R):</b> 0

### 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 N/O	IN	OUT N/A N/O
<b>Supervision</b>			
1	<input checked="" type="checkbox"/>	Demonstration of Knowledge/Training	
2	<input checked="" type="checkbox"/>	Certified Manager/Person in Charge present	
<b>Employee Health</b>			
3	<input checked="" type="checkbox"/>	Knowledge, responsibilities and reporting	
4	<input checked="" type="checkbox"/>	Proper use of restriction and exclusion	
5	<input checked="" type="checkbox"/>	Responding to vomiting & diarrheal events	
<b>Good Hygienic Practices</b>			
6	<input checked="" type="checkbox"/>	Proper eating, tasting, drinking, or tobacco use	
7	<input checked="" type="checkbox"/>	No discharge from eyes, nose, and mouth	
<b>Preventing Contamination by Hands</b>			
8	<input checked="" type="checkbox"/>	Hands clean & properly washed	
9	<input checked="" type="checkbox"/>	No bare hand contact with RTE food	
10	<input checked="" type="checkbox"/>	Handwashing sinks, accessible & supplies	
<b>Approved Source</b>			
11	<input checked="" type="checkbox"/>	Food obtained from approved source	
12	<input checked="" type="checkbox"/>	Food received at proper temperature	
13	<input checked="" type="checkbox"/>	Food in good condition, safe, & unadulterated	
14	<input checked="" type="checkbox"/>	Shellstock tags & parasite destruction	
<p>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.</p>			
<b>Protection from Contamination</b>			
15	<input checked="" type="checkbox"/>	Food separated & protected; single-use gloves	
16	<input checked="" type="checkbox"/>	Food-contact surfaces, cleaned & sanitized	
17	<input checked="" type="checkbox"/>	Proper disposal of unsafe food	
<b>Time/Temperature Control for Safety</b>			
18	<input checked="" type="checkbox"/>	Cooking time & temperatures	
19	<input checked="" type="checkbox"/>	Reheating procedures for hot holding	
20	<input checked="" type="checkbox"/>	Cooling time and temperature	
21	<input checked="" type="checkbox"/>	Hot holding temperatures	
22	<input checked="" type="checkbox"/>	Cold holding temperatures	
23	<input checked="" type="checkbox"/>	Date marking and disposition	
24	<input checked="" type="checkbox"/>	Time as PHC; procedures & records	
<b>Consumer Advisory</b>			
25	<input checked="" type="checkbox"/>	Advisory for raw/undercooked food	
<b>Highly Susceptible Populations</b>			
26	<input checked="" type="checkbox"/>	Pasteurized foods used; No prohibited foods	
<b>Additives and Toxic Substances</b>			
27	<input checked="" type="checkbox"/>	Food additives, approved & properly used	
28	<input checked="" type="checkbox"/>	Toxic substances identified, stored, & used	
<b>Approved Procedures</b>			
29	<input checked="" type="checkbox"/>	Variance/specialized process/HACCP	
<p>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.</p>			

### 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	
<b>Safe Food and Water</b>			
30	<input checked="" type="checkbox"/>	Pasteurized eggs used where required	
31	<input checked="" type="checkbox"/>	Water & ice from approved source	
32	<input checked="" type="checkbox"/>	Variance obtained for special processing	
<b>Food Temperature Control</b>			
33	<input checked="" type="checkbox"/>	Proper cooling methods; adequate equipment	
34	<input checked="" type="checkbox"/>	Plant food properly cooked for hot holding	
35	<input checked="" type="checkbox"/>	Approved thawing methods	
36	<input checked="" type="checkbox"/>	Thermometers provided & accurate	
<b>Food Identification</b>			
37	<input checked="" type="checkbox"/>	Food properly labeled; original container	
<b>Prevention of Food Contamination</b>			
38	<input checked="" type="checkbox"/>	Insects, rodents, & animals not present	
39	<input checked="" type="checkbox"/>	No Contamination (preparation, storage, display)	
40	<input checked="" type="checkbox"/>	Personal cleanliness	
41	<input checked="" type="checkbox"/>	Wiping cloths: properly used & stored	
42	<input checked="" type="checkbox"/>	Washing fruits & vegetables	
<b>Proper Use of Utensils</b>			
43	<input checked="" type="checkbox"/>	Utensils: properly stored	
44	<input checked="" type="checkbox"/>	Equipment & linens: stored, dried, & handled	
45	<input checked="" type="checkbox"/>	Single-use/single-service articles: stored & used	
46	<input checked="" type="checkbox"/>	Slash-resistant/cloth gloves used properly	
<b>Utensils, Equipment and Vending</b>			
47	<input checked="" type="checkbox"/>	Food & non-food contact surfaces	
48	<input checked="" type="checkbox"/>	Warewashing: installed, maintained, used, test strips	
49	<input checked="" type="checkbox"/>	Non-food contact surfaces clean	
<b>Physical Facilities</b>			
50	<input checked="" type="checkbox"/>	Hot & cold water available; under pressure	
51	<input checked="" type="checkbox"/>	Plumbing installed; proper backflow devices	
52	<input checked="" type="checkbox"/>	Sewage & waste water properly disposed	
53	<input checked="" type="checkbox"/>	Toilet facilities: supplied & cleaned	
54	<input checked="" type="checkbox"/>	Garbage & refuse disposal	
55	<input checked="" type="checkbox"/>	Facilities installed, maintained, & clean	
56	<input checked="" type="checkbox"/>	Ventilation & lighting	
57	<input checked="" type="checkbox"/>	Permit; Fees; Application; Plans	

**Person In Charge (Print & Signature):** Cynthia Gephart *Cynthia Gephart* Date: 12-19-19

**Inspector (Print & Signature):** Anna Garcia *Anna Garcia* Phone: 676-3442

# Food Establishment Inspection Report

Name of Establishment:

Marathon High School

Permit Number:

00156

Date:

12-19-19

## TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Reach in fridge	38/34				
Heating Cabinet	161/159				
Milk in freezer	0				
Milk in fridge	40				
Burgers	162				
Shallot Potatoes	170				
Milk Fridge	36				

## OBSERVATIONS AND CORRECTIVE ACTIONS

Violations cited in this report must be corrected

Violation Number

No violations at time of inspection. Good Retail practices and no foodborne illness Risk observed

Person in Charge (Signature)

*C. Gephart*

Date

12/19/19

Inspector (Signature)

Date

12-19-19