


Food Establishment Inspection Report

	Facility Type: <input type="checkbox"/> Adult Day Care <input type="checkbox"/> Afterschool Meal Prog <input type="checkbox"/> Assisted Living <input type="checkbox"/> Bar/Lounge <input type="checkbox"/> Civic <input type="checkbox"/> Crisis Stabilization Unit <input type="checkbox"/> Detention Fac. <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Fraternal Org. <input type="checkbox"/> Home for Special Services <input type="checkbox"/> Hospice <input type="checkbox"/> Intermediate Care DD <input type="checkbox"/> Migrant Housing <input type="checkbox"/> Movie Theater <input type="checkbox"/> PPEC <input type="checkbox"/> Recreational Camp <input type="checkbox"/> Residential Treatment Fac. <input checked="" type="checkbox"/> School <input type="checkbox"/> Short-term Res Treat <input type="checkbox"/> Transitional Living Fac
---	---

PURPOSE: Routine Reinspection Construction Complaint Consultation Change of Ownership Epidemiology Temporary Event Other

Name of Establishment: <u>Marathon 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		Correct by: <input type="checkbox"/> Next Routine Inspection <input type="checkbox"/> 8 A.M. on _____ (Date) Number of Risk Factors/Intervention Violations Marked "OUT" (Items 1-29) <u>0</u> Number of Repeat Violations (1-57 R) <u>0</u>		
Address: <u>350 Sombaca Beach Rd</u> City: <u>Marathon</u>			Name of Person in Charge: <u>Cynthia Geppert</u>		Position Number: <u>81057</u>		Stop Sale Issued: _____		
ZIP Code: <u>33050</u>		Person in Charge Email: _____			Permit Number: <u>00156</u>		Date (MM/DD/YY): <u>5-29-19</u>		
Telephone: <u>735-1405</u>		Begin Time AM/PM: <u>11:00</u>	End Time AM/PM: <u>11:30</u>	Permit Number: <u>00156</u>		Position Number: <u>81057</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	IN	OUT
Supervision		Protection from Contamination	
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		17	Proper disposal of unsafe food
3	Knowledge, responsibilities and reporting	Time/Temperature Control for Safety	
4	Proper use of restriction and exclusion	18	Cooking time & temperatures
5	Responding to vomiting & diarrheal events	19	Reheating procedures for hot holding
Good Hygienic Practices		20	Cooling time and temperature
6	Proper eating, tasting, drinking, or tobacco use	21	Hot holding temperatures
7	No discharge from eyes, nose, and mouth	22	Cold holding temperatures
Preventing Contamination by Hands		23	Date marking and disposition
8	Hands clean & properly washed	24	Time as PHC; procedures & records
9	No bare hand contact with RTE food	Consumer Advisory	
10	Handwashing sinks, accessible & supplies	25	Advisory for raw/undercooked food
Approved Source		Highly Susceptible Populations	
11	Food obtained from approved source	26	Pasteurized foods used; No prohibited foods
12	Food received at proper temperature	Additives and Toxic Substances	
13	Food in good condition, safe, & unadulterated	27	Food additives: approved & properly used
14	Shellstock tags & parasite destruction	28	Toxic substances identified, stored, & used
Approved Procedures		Approved Procedures	
Notice of Non-Compliance		29	Variance/specialized process/HACCP
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.	

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

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

Person in Charge (Print & Signature): Cynthia K. Geppert, Cynthia K. Geppert Date: 5-29-19

Inspector (Print & Signature): F. J. ... Phone: 1-76-39613

Food Establishment Inspection Report

Name of Establishment:

Marathon High School

Permit Number:

44-48-00156

Date:

5-29-19

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
<i>Chicken</i>	<i>160</i>				
<i>Potatoes</i>	<i>153</i>				
<i>Corn</i>	<i>150</i>				
<i>Hot holding cabinet</i>	<i>170</i>				
<i>Walk in freezer</i>	<i>-2</i>				
<i>Walk in fridge</i>	<i>34</i>				
<i>Reach in fridge</i>	<i>35</i>				

OBSERVATIONS AND CORRECTIVE ACTIONS

Violations cited in this report must be corrected

Violation Number

No Violations. No items expired.

Person In Charge (Signature)

Cynthia Y. Crockett

Date

Inspector (Signature)

[Signature]

Date

5-29-19