


# Food Establishment Inspection Report

	Facility Type:	<input type="checkbox"/> Bar/Lounge	<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Intermediate Care DD	<input type="checkbox"/> PPEC
	<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"/> Movie Theater	<input type="checkbox"/> Residential Treatment Fac.	<input type="checkbox"/> Short-term Res Treat
<input type="checkbox"/> Assisted Living	<input type="checkbox"/> Detention Fac.	<input type="checkbox"/> Hospice		<input type="checkbox"/> School	<input type="checkbox"/> Transitional Living Fac

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

Name of Establishment: <u>Gerald Adams Elementary School</u>				RESULTS:		Correct by:	
Address: <u>5855 College Rd</u>		City: <u>Key West</u>		<input checked="" type="checkbox"/> Satisfactory	<input checked="" type="checkbox"/> Next Routine Inspection	Stop Sale Issued	
ZIP Code: <u>33040</u>		Name of Person in Charge: <u>Deyanira Maranta</u>		<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> 8 A.M. on _____		
Telephone: <u>538</u>		Person in Charge Email:		<input type="checkbox"/> Incomplete	(Date)		
Date (MM/DD/YY): <u>03/07/19</u>	Begin Time (AM/PM): <u>9:30</u>	End Time (AM/PM): <u>10:15</u>	Permit Number: <u>44-48-1784039</u>	Position Number: <u>69786</u>	Number of Risk Factors/Intervention Violations Marked "OUT" (Items 1-29): <u>0</u>		Number of Repeat Violations (1-87 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 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
<b>Supervision</b>			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 Demonstration of Knowledge/Training		15 Food separated & protected; single-use gloves	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Certified Manager/Person in Charge present		16 Food-contact surfaces, cleaned & sanitized	
<b>Employee Health</b>			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Knowledge, responsibilities and reporting		17 Proper disposal of unsafe food	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Time/Temperature Control for Safety</b>	
4 Proper use of restriction and exclusion		18 Cooking time & temperatures	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	19 Reheating procedures for hot holding	
5 Responding to vomiting & diarrheal events		20 Cooling time and temperature	
<b>Good Hygienic Practices</b>			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	21 Hot holding temperatures	
6 Proper eating, tasting, drinking, or tobacco use		22 Cold holding temperatures	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	23 Date marking and disposition	
7 No discharge from eyes, nose, and mouth		24 Time as PHC procedures & records	
<b>Preventing Contamination by Hands</b>			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Consumer Advisory</b>	
8 Hands clean & properly washed		25 Advisory for raw/undercooked food	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Highly Susceptible Populations</b>	
9 No bare hand contact with RTE food		26 Pasteurized foods used. No prohibited foods	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Additives and Toxic Substances</b>	
10 Handwashing sinks accessible & supplies		27 Food additives: approved & properly used	
<b>Approved Source</b>			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	28 Toxic substances identified, stored, & used	
11 Food obtained from approved source		<b>Approved Procedures</b>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	29 Variance/specialized process/HACCP	
12 Food received at proper temperature		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.	
<input checked="" type="checkbox"/>	<input type="checkbox"/>		
13 Food in good condition, safe, & unadulterated			
<input checked="" type="checkbox"/>	<input type="checkbox"/>		
14 Shellstock tags & parasite destruction			

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.

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

By typing my signature, in the signature space provided below, I agree to create an electronic record and to adopt the electronic symbol created by me as a manifestation of my signature on the electronic record, which shall have the same force and effect as a written signature and record, in accordance with s. 668.50, Fla. Stat. (2017) and 15 U.S.C. s. 7001 (2000).

Person in Charge (Print & Signature): <u>Deyanira Maranta</u>	Date: <u>3/7/19</u>
Inspector (Print & Signature): <u>Carthyn Floyd Carthyn Floyd</u>	Phone: <u>676-3910</u>

# Food Establishment Inspection Report

Name of Establishment:

Gerald Adams

Permit Number:

44-48-1784039

Date:

3/7/19

### TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Chicken/Warmer	156°				
Selcted	34°				
Juice	30°				
Sandwiches	32°				
Walkin Cooler	40°				
Walkin Freezer	8°				
Milk Cooler	40°				

### OBSERVATIONS AND CORRECTIVE ACTIONS

Violations cited in this report must be corrected

Violation Number

57 Outstanding Balance of \$275.00 for 2018-2019 permit year, pay as soon as possible

By typing my signature, in the signature space provided below, I agree to create an electronic record and to adopt the electronic symbol created by me as a manifestation of my signature on the electronic record, which shall have the same force and effect as a written signature and record, in accordance with s 668.50, Fla. Stat. (2017) and 15 U.S.C. § 7001 (2000)

Person In Charge (Signature)

Dominic Wronka

Inspector (Signature)

Carrie Floyd

Date

3/7/19

Date

3/7/19

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