

STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT
FOOD SERVICE
INSPECTION REPORT



Facility Information

RESULT: Satisfactory

Permit Number: 44-48-1784039
 Name of Facility: GERALD ADAMS ELEMENTARY SCHOOL
 Address: 5855 COLLEGE Road
 City, Zip: Key West 33040

Type: School (9 months or less)
 Owner: District School Board of Monroe County
 Person In Charge: Deyaniris Moronta Phone: 484.343.5818
 PIC Email:

Inspection Information

Purpose: Routine	Number of Risk Factors (Items 1-29): 0	Begin Time: 09:25 AM
Inspection Date: 9/12/2019	Number of Repeat Violations (1-57 R): 1	End Time: 09:45 AM
Correct By: Next Inspection	Facility Grade: N/A	
Re-Inspection Date: None	Stop Sale: No	

Marking Key: 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; COS=violation corrected on site; R=repeat violation from previous inspection

FoodBorne Illness Risk Factors And Public Health Interventions

<p>SUPERVISION</p> <p><u>IN</u> 1. Demonstration of Knowledge/Training</p> <p><u>IN</u> 2. Certified Manager/Person in charge present</p> <p>EMPLOYEE HEALTH</p> <p><u>IN</u> 3. Knowledge, responsibilities and reporting</p> <p><u>IN</u> 4. Proper use of restriction and exclusion</p> <p><u>IN</u> 5. Responding to vomiting & diarrheal events</p> <p>GOOD HYGIENIC PRACTICES</p> <p><u>NO</u> 6. Proper eating, tasting, drinking, or tobacco use</p> <p><u>NO</u> 7. No discharge from eyes, nose, and mouth</p> <p>PREVENTING CONTAMINATION BY HANDS</p> <p><u>IN</u> 8. Hands clean & properly washed</p> <p><u>IN</u> 9. No bare hand contact with RTE food</p> <p><u>IN</u> 10. Handwashing sinks, accessible & supplies</p> <p>APPROVED SOURCE</p> <p><u>IN</u> 11. Food obtained from approved source</p> <p><u>NO</u> 12. Food received at proper temperature</p> <p><u>IN</u> 13. Food in good condition, safe, & unadulterated</p> <p><u>NA</u> 14. Shellstock tags & parasite destruction</p> <p>PROTECTION FROM CONTAMINATION</p> <p><u>IN</u> 15. Food separated & protected; Single-use gloves</p>	<p><u>IN</u> 16. Food-contact surfaces; cleaned & sanitized</p> <p><u>NO</u> 17. Proper disposal of unsafe food</p> <p>TIME/TEMPERATURE CONTROL FOR SAFETY</p> <p><u>IN</u> 18. Cooking time & temperatures</p> <p><u>NO</u> 19. Reheating procedures for hot holding</p> <p><u>NO</u> 20. Cooling time and temperature</p> <p><u>IN</u> 21. Hot holding temperatures</p> <p><u>IN</u> 22. Cold holding temperatures</p> <p><u>IN</u> 23. Date marking and disposition</p> <p><u>NA</u> 24. Time as PHC; procedures & records</p> <p>CONSUMER ADVISORY</p> <p><u>NA</u> 25. Advisory for raw/undercooked food</p> <p>HIGHLY SUSCEPTIBLE POPULATIONS</p> <p><u>IN</u> 26. Pasteurized foods used; No prohibited foods</p> <p>ADDITIVES AND TOXIC SUBSTANCES</p> <p><u>IN</u> 27. Food additives: approved & properly used</p> <p><u>IN</u> 28. Toxic substances identified, stored, & used</p> <p>APPROVED PROCEDURES</p> <p><u>NA</u> 29. Variance/specialized process/HACCP</p>
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Inspector Signature:

Client Signature:

Form Number: DH 4023 03/18

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Good Retail Practices

<p>SAFE FOOD AND WATER</p> <p><input checked="" type="checkbox"/> 30. Pasteurized eggs used where required</p> <p><input checked="" type="checkbox"/> 31. Water & ice from approved source</p> <p><input checked="" type="checkbox"/> 32. Variance obtained for special processing</p> <p>FOOD TEMPERATURE CONTROL</p> <p><input checked="" type="checkbox"/> 33. Proper cooling methods; adequate equipment</p> <p><input checked="" type="checkbox"/> 34. Plant food properly cooked for hot holding</p> <p><input checked="" type="checkbox"/> 35. Approved thawing methods</p> <p><input checked="" type="checkbox"/> 36. Thermometers provided & accurate</p> <p>FOOD IDENTIFICATION</p> <p><input checked="" type="checkbox"/> 37. Food properly labeled; original container</p> <p>PREVENTION OF FOOD CONTAMINATION</p> <p><input checked="" type="checkbox"/> 38. Insects, rodents, & animals not present</p> <p><input checked="" type="checkbox"/> 39. No Contamination (preparation, storage, display)</p> <p><input checked="" type="checkbox"/> 40. Personal cleanliness</p> <p><input checked="" type="checkbox"/> 41. Wiping cloths: properly used & stored</p> <p><input checked="" type="checkbox"/> 42. Washing fruits & vegetables</p> <p>PROPER USE OF UTENSILS</p> <p><input checked="" type="checkbox"/> 43. In-use utensils: properly stored</p> <p><input checked="" type="checkbox"/> 44. Equipment & linens: stored, dried, & handled</p> <p><input checked="" type="checkbox"/> 45. Single-use/single-service articles: stored & used</p>	<p><input checked="" type="checkbox"/> 46. Slash resistant/cloth gloves used properly</p> <p>UTENSILS, EQUIPMENT AND VENDING</p> <p><input checked="" type="checkbox"/> 47. Food & non-food contact surfaces</p> <p><input checked="" type="checkbox"/> 48. Ware washing: installed, maintained, & used; test strips</p> <p><input checked="" type="checkbox"/> 49. Non-food contact surfaces clean</p> <p>PHYSICAL FACILITIES</p> <p><input checked="" type="checkbox"/> 50. Hot & cold water available; adequate pressure</p> <p><input checked="" type="checkbox"/> 51. Plumbing installed; proper backflow devices (R)</p> <p><input checked="" type="checkbox"/> 52. Sewage & waste water properly disposed</p> <p><input checked="" type="checkbox"/> 53. Toilet facilities: supplied, & cleaned</p> <p><input checked="" type="checkbox"/> 54. Garbage & refuse disposal</p> <p><input checked="" type="checkbox"/> 55. Facilities installed, maintained, & clean</p> <p><input checked="" type="checkbox"/> 56. Ventilation & lighting</p> <p><input checked="" type="checkbox"/> 57. Permit; Fees; Application; Plans</p>
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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.

Violations Comments

Violation #51. Plumbing installed; proper backflow devices
Air gap needs to be 1.5x diameter of pipe above drain.
CODE REFERENCE: 64E-11.003(5)(c). Plumbing will be installed and maintained to comply with plumbing requirements, including backflow prevention devices.
A mop sink will be provided.

General Comments

There was confusion re: air gap, so not addressed yet. Everything else looks great!

Email Address(es): deyaniris.moronta@keysschools.com

Inspection Conducted By: James Rachal (54856)
Inspector Contact Number: Work: (305) 676-3908 ex.
Print Client Name:
Date: 9/12/2019

Inspector Signature:

Client Signature:

Form Number: DH 4023 03/18

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