

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"/> Assisted Living	<input type="checkbox"/> Detention Fac.	<input type="checkbox"/> Hospice		<input checked="" type="checkbox"/> School

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

Name of Establishment: <u>Key Largo Elementary School</u>				RESULTS:		Correct by:	
Address: <u>104801 o/s Hwy</u> City: <u>KL</u>				<input checked="" type="checkbox"/> Satisfactory		<input checked="" type="checkbox"/> Next Routine Inspection	
ZIP Code: <u>33077</u> Name of Person in Charge: <u>Charmaine Noe</u>				<input type="checkbox"/> Unsatisfactory		8 A.M. on _____	
Telephone: <u>453 1255</u> Person in Charge Email: _____				<input type="checkbox"/> Incomplete		(Date)	
Date (MM/DD/YY)	Begin Time AM/PM	End Time AM/PM	Permit Number	Position Number	Closure	Number of Risk Factors/Intervention Violations Marked "OUT" (Items 1-29) <u>0</u>	
<u>2-27-70</u>	<u>10:50</u>	<u>11:30</u>	<u>00158</u>	<u>51052</u>	<input type="checkbox"/> Out of Business	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 N/O	IN	OUT N/A N/O		
Supervision					
<input checked="" type="checkbox"/>		15	<input checked="" type="checkbox"/>		
1 Demonstration of Knowledge/Training		Protection from Contamination			
<input checked="" type="checkbox"/>		16	<input checked="" type="checkbox"/>		
2 Certified Manager/Person in Charge present		Food separated & protected; single-use gloves			
Employee Health					
<input checked="" type="checkbox"/>		17	<input checked="" type="checkbox"/>		
3 Knowledge, responsibilities and reporting		Food-contact surfaces; cleaned & sanitized			
<input checked="" type="checkbox"/>		Proper disposal of unsafe food			
4 Proper use of restriction and exclusion		Time/Temperature Control for Safety			
<input checked="" type="checkbox"/>		18	<input checked="" type="checkbox"/>		
5 Responding to vomiting & diarrheal events		Cooking time & temperatures			
Good Hygienic Practices					
<input checked="" type="checkbox"/>		19	<input checked="" type="checkbox"/>		
6 Proper eating, tasting, drinking, or tobacco use		Reheating procedures for hot holding			
<input checked="" type="checkbox"/>		20	<input checked="" type="checkbox"/>		
7 No discharge from eyes, nose, and mouth		Cooling time and temperature			
Preventing Contamination by Hands					
<input checked="" type="checkbox"/>		21	<input checked="" type="checkbox"/>		
8 Hands clean & properly washed		Hot holding temperatures			
<input checked="" type="checkbox"/>		22	<input checked="" type="checkbox"/>		
9 No bare hand contact with RTE food		Cold holding temperatures			
<input checked="" type="checkbox"/>		23	<input checked="" type="checkbox"/>		
10 Handwashing sinks, accessible & supplies		Date marking and disposition			
Approved Source					
<input checked="" type="checkbox"/>		24	<input checked="" type="checkbox"/>		
11 Food obtained from approved source		Time as PHC, procedures & records			
<input checked="" type="checkbox"/>		Consumer Advisory			
12 Food received at proper temperature		25	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>		Advisory for raw/undercooked food			
13 Food in good condition, safe, & unadulterated		Highly Susceptible Populations			
<input checked="" type="checkbox"/>		26	<input checked="" type="checkbox"/>		
14 Shellstock tags & parasite destruction		Pasteurized foods used; No prohibited foods			
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.		27	<input checked="" type="checkbox"/>		
		Food additives: approved & properly used			
		28	<input checked="" type="checkbox"/>		
		Toxic substances identified, stored, & used			
		Approved Procedures			
		29	<input checked="" type="checkbox"/>		
		Variance/specialized process/HACCP			
		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 N/O		IN OUT N/A N/O			
Safe Food and Water					
<input checked="" type="checkbox"/>		Proper Use of Utensils			
30 Pasteurized eggs used where required		43	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>		Utensils, properly stored			
31 Water & ice from approved source		44	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>		Equipment & linens: stored, dried, & handled			
32 Variance obtained for special processing		45	<input checked="" type="checkbox"/>		
Food Temperature Control					
<input checked="" type="checkbox"/>		Single-use/single-service articles: stored & used			
33 Proper cooling methods; adequate equipment		46	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>		Slash-resistant/cloth gloves used properly			
34 Plant food properly cooked for hot holding		Utensils, Equipment and Vending			
<input checked="" type="checkbox"/>		47	<input checked="" type="checkbox"/>		
35 Approved thawing methods		Food & non-food contact surfaces			
<input checked="" type="checkbox"/>		48	<input checked="" type="checkbox"/>		
36 Thermometers provided & accurate		Warewashing: installed, maintained, used; test strips			
Food Identification					
<input checked="" type="checkbox"/>		49	<input checked="" type="checkbox"/>		
37 Food properly labeled; original container		Non-food contact surfaces clean			
Prevention of Food Contamination					
<input checked="" type="checkbox"/>		Physical Facilities			
38 Insects, rodents, & animals not present		50	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>		Hot & cold water available; under pressure			
39 No Contamination (preparation, storage, display)		51	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>		Plumbing installed; proper backflow devices			
40 Personal cleanliness		52	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>		Sewage & waste water properly disposed			
41 Wiping cloths: properly used & stored		53	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>		Toilet facilities: supplied & cleaned			
42 Washing fruits & vegetables		54	<input checked="" type="checkbox"/>		
<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) <u>[Signature]</u>	Date: <u>7/1/70</u>
Inspector (Print & Signature) <u>[Signature]</u>	Phone: <u>1-76-3943</u>

Food Establishment Inspection Report

Name of Establishment:

Key Largo Elementary School

Permit Number:

00158

Date:

7-7-20

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Panck 15 - 1/2	36				
Pizza	160				
Water - 1/2	38				
Water - freezer	-7				

OBSERVATIONS AND CORRECTIVE ACTIONS

Violations cited in this report must be corrected

Violation Number

55

Spill system in freezer has ice hanging from. Not ice patch on freezer floor can become a hazard, must maintain safe condition.

Person in Charge (Signature)



Date

7/7/20

Inspector (Signature)



Date

7-7-2020

Page

2 of 2