

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 checked="" 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>Key Largo Elementary School</u>				RESULTS:		Correct by:	
Address: <u>104801 0/S Ave</u> City: <u>KL</u>				<input checked="" type="checkbox"/> Satisfactory		Next Routine Inspection	
ZIP Code: <u>33057</u>		Name of Person in Charge: <u>Charmaine Noe</u>		<input type="checkbox"/> Unsatisfactory		8 A.M. on _____	
Telephone: <u>457-1255</u>		Person in Charge Email: _____		<input type="checkbox"/> Incomplete		(Date)	
Date (MM/DD/YY): <u>12-4-11</u>	Begin Time AM/PM: <u>10:25</u>	End Time AM/PM: <u>11:10</u>	Permit Number: <u>00158</u>	Position Number: <u>81052</u>	<input type="checkbox"/> Closure		Number of Risk Factors/Intervention Violations Marked "OUT" (Items 1-29): <u>0</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		COS		R	
IN	OUT	N/A	N/O		
Supervision					
1	<input checked="" type="checkbox"/>				Demonstration of Knowledge/Training
2	<input checked="" type="checkbox"/>				Certified Manager/Person in Charge present
Employee Health					
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
Good Hygienic Practices					
6	<input checked="" type="checkbox"/>				Proper eating, tasting, drinking, or tobacco use
7	<input checked="" type="checkbox"/>				No discharge from eyes, nose, and mouth
Preventing Contamination by Hands					
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
Approved Source					
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

Compliance Status		COS		R	
IN	OUT	N/A	N/O		
Protection from Contamination					
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
Time/Temperature Control for Safety					
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
Consumer Advisory					
25	<input checked="" type="checkbox"/>				Advisory for raw/undercooked food
Highly Susceptible Populations					
26	<input checked="" type="checkbox"/>				Pasteurized foods used; No prohibited foods
Additives and Toxic Substances					
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

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		COS		R	
IN	OUT	N/A	N/O		
Safe Food and Water					
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
Food Temperature Control					
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
38	<input checked="" type="checkbox"/>				Thermometers provided & accurate
Food Identification					
37	<input checked="" type="checkbox"/>				Food properly labeled; original container
Prevention of Food Contamination					
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

Compliance Status		COS		R	
IN	OUT	N/A	N/O		
Proper Use of Utensils					
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
Utensils, Equipment and Vending					
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
Physical Facilities					
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): Charmaine Noe Date: 12-4-11
 Inspector (Print & Signature): Filmer Garcia Phone: 676-7600

Food Establishment Inspection Report

Name of Establishment: Key Largo Elementary School Permit Number: DD158 Date: 12-4-19

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Ground Beef	150/190				
Black Beans	170/190				
Refr. in fridge	40/40				
Hot hold cabinet	150/190				
Walk in freezer	-9				
Walk in fridge	36				

OBSERVATIONS AND CORRECTIVE ACTIONS


Violations cited in this report must be corrected

Violation Number

Good retail practices. No foodborne illness RSK factors observed
 Milk Dec 7
 Choc Dec 13

Person in Charge (Signature) 

Date

Inspector (Signature) 

Date 12-4-19