

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	<input type="checkbox"/> Short-term Res Treat
PURPOSE: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Reinspection <input type="checkbox"/> Construction <input type="checkbox"/> Complaint <input type="checkbox"/> Consultation <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Epidemiology <input type="checkbox"/> Temporary Event <input type="checkbox"/> Other					

Name of Establishment: <u>Key Largo Elementary School</u>				RESULTS:		Correct by:	
Address: <u>104801 Old Hwy</u> City: <u>KL</u>				<input checked="" type="checkbox"/> Satisfactory		Next Routine Inspection	
ZIP Code: <u>33037</u>		Name of Person in Charge: <u>Chamare 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): <u>3-14-19</u>		Begin Time AM/PM: <u>10:20</u>	End Time AM/PM: <u>10:55</u>	Permit Number: <u>00158</u>	Position Number: <u>81052</u>	Number of Risk Factors/Intervention Violations Marked "OUT" (Items 1-29): <u>0</u>	
						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	IN	OUT		
Supervision					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>		
2 Certified Manager/Person in Charge present		16 Food-contact surfaces: cleaned & sanitized			
Employee Health					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3 Knowledge, responsibilities and reporting		17 Proper disposal of unsafe food			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Time/Temperature Control for Safety			
4 Proper use of restriction and exclusion		<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	18 Cooking time & temperatures			
5 Responding to vomiting & diarrheal events		<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Good Hygienic Practices					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	19 Reheating procedures for hot holding			
6 Proper eating, tasting, drinking, or tobacco use		<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	20 Cooling time and temperature			
7 No discharge from eyes, nose, and mouth		<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Preventing Contamination by Hands					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	21 Hot holding temperatures			
8 Hands clean & properly washed		<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	22 Cold holding temperatures			
9 No bare hand contact with RTE food		<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	23 Date marking and disposition			
10 Handwashing sinks, accessible & supplies		24 Time as PHC, procedures & records			
Approved Source					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Consumer Advisory			
11 Food obtained from approved source		25 Advisory for raw/undercooked food			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Highly Susceptible Populations			
12 Food received at proper temperature		26 Pasteurized foods used: No prohibited foods			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Additives and Toxic Substances			
13 Food in good condition, safe, & unadulterated		27 Food additives, approved & properly used			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	28 Toxic substances identified, stored, & used			
14 Shellstock tags & parasite destruction		Approved Procedures			
		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.

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

Person in Charge (Print & Signature): <u>Chamare Noe</u>	Date: <u>3-14-19</u>
Inspector (Print & Signature): <u>Alicia Garcia</u>	Phone: <u>676-3943</u>

Food Establishment Inspection Report

Name of Establishment:

Key Largo Elementary School

Permit Number:

00158

Date:

3-14-19

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Milk in fridge	40°				
Milk in freezer	-10°				
Heated Cabinet	190				
Chicken Pasta	180				
Broccoli	163				

OBSERVATIONS AND CORRECTIVE ACTIONS

Violations cited in this report must be corrected

Violation Number

✦ New seals have been ordered for heated cabinet.

Person in Charge (Signature)

[Handwritten Signature]

Date

3-14-19

Inspector (Signature)

[Handwritten Signature]

Date

3-14-19

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