


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"/> Short-term Res Treat <input type="checkbox"/> Afterschool Meal Prog <input type="checkbox"/> Crisis Stabilization Unit <input type="checkbox"/> Home for Special Services <input type="checkbox"/> Residential Treatment Fac. <input type="checkbox"/> Transitional Living Fac <input type="checkbox"/> Assisted Living <input type="checkbox"/> Detention Fac. <input type="checkbox"/> Hospice <input type="checkbox"/> Movie Theater <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: <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Incomplete <input type="checkbox"/> Closure <input type="checkbox"/> Out of Business	Correct by: <input checked="" type="checkbox"/> Next Routine Inspection 8 A.M. on _____ (Date)	Stop Sale Issued _____
Address: <u>104801 O/S Hwy</u> City: <u>KL</u>				
ZIP Code: <u>33037</u>	Name of Person in Charge: <u>Charlotte MIE</u>			
Telephone: <u>453-1755</u>	Person in Charge Email: _____			
Date (MM/DD/YY): <u>5-31-19</u>	Begin Time AM/PM: <u>8:25</u>	End Time AM/PM: <u>9:00</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 (1-67 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 type="checkbox"/>	<input type="checkbox"/>
1		15	
Demonstration of Knowledge/Training		Food separated & protected, single-use gloves	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2		16	
Certified Manager/Person in Charge present		Food-contact surfaces: cleaned & sanitized	
Employee Health			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3		17	
Knowledge, responsibilities and reporting		Proper disposal of unsafe food	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Time/Temperature Control for Safety	
4		18	
Proper use of restriction and exclusion		19	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	20	
5		21	
Responding to vomiting & diarrheal events		22	
Good Hygienic Practices			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	23	
6		24	
Proper eating, tasting, drinking, or tobacco use		Time as PHC; procedures & records	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Consumer Advisory	
7		25	
No discharge from eyes, nose, and mouth		Advisory for raw/undercooked food	
Preventing Contamination by Hands			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Highly Susceptible Populations	
8		26	
Hands clean & properly washed		Pasteurized foods used; No prohibited foods	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Additives and Toxic Substances	
9		27	
No bare hand contact with RTE food		28	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food additives: approved & properly used	
10		Toxic substances identified, stored, & used	
Handwashing sinks, accessible & supplies		Approved Procedures	
Approved Source			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	29	
11		Variance/specialized process/HACCP	
Food obtained from approved source		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"/>		
12			
Food received at proper temperature			
<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		IN	
OUT	N/A	OUT	N/A
Safe Food and Water			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
30		43	
Pasteurized eggs used where required		Utensils: properly stored	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
31		44	
Water & ice from approved source		Equipment & linens: stored, dried, & handled	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
32		45	
Variance obtained for special processing		Single-use/single-service articles: stored & used	
Food Temperature Control			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
33		46	
Proper cooling methods; adequate equipment		Splash-resistant/cloth gloves used properly	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Utensils, Equipment and Vending	
34		47	
Plant food properly cooked for hot holding		48	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	49	
35		Food & non-food contact surfaces	
Approved thawing methods		Warewashing: installed, maintained, used; test strips	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean	
36		Physical Facilities	
Thermometers provided & accurate		50	
Food Identification			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	51	
37		52	
Food properly labeled; original container		Hot & cold water available; under pressure	
Prevention of Food Contamination			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	53	
38		54	
Insects, rodents, & animals not present		Sewage & waste water properly disposed	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	55	
39		56	
No Contamination (preparation, storage, display)		57	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: supplied & cleaned	
40		Garbage & refuse disposal	
Personal cleanliness		Facilities installed, maintained, & clean	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ventilation & lighting	
41		Permit; Fees; Application; Plans	
Wiping cloths: properly used & stored			
<input checked="" type="checkbox"/>	<input type="checkbox"/>		
42			
Washing fruits & vegetables			

Person In Charge (Print & Signature) Edna Smith Date: 5-31-19
 Inspector (Print & Signature) Fitima Garcia Edna Smith Phone: 676-3943

Food Establishment Inspection Report

Name of Establishment: <i>Key Largo Elementary school</i>	Permit Number: <i>44-48-00158</i>	Date: <i>5-31-19</i>
--	--------------------------------------	-------------------------

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
<i>Knock in Fridge</i>	<i>36</i>				
<i>Heated Cabinet</i>	<i>180</i>				
<i>Heated Cabinet</i>	<i>190</i>				
<i>Knock in Fridge</i>	<i>34</i>				
<i>Knock in Fridge</i>	<i>36</i>				
<i>Knock in Fridge</i>	<i>24</i>				
<i>Walk in fridge</i>	<i>37</i>				
<i>Walk in freezer</i>	<i>-10</i>				

OBSERVATIONS AND CORRECTIVE ACTIONS

Violation Number	Violations cited in this report must be corrected
<i>39.</i>	<i>New delivery on freezer floor must be elevated; corrected on site</i>
	<i>Chicken and potatoes being made at time of inspection; no violation for hanging and cooking.</i>

Person In Charge (Signature)	<i>Andrea Smith</i>	Date	<i>5-31-19</i>
Inspector (Signature)	<i>[Signature]</i>	Date	<i>5-31-19</i>