

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

Name of Establishment: <u>Coral Shores HS</u>				RESULTS:		Correct by:	
Address: <u>84901 05 Hwy</u> City: _____				<input checked="" type="checkbox"/> Satisfactory		<input type="checkbox"/> Next Routine Inspection	
ZIP Code: <u>33070</u>		Name of Person in Charge: <u>Dawn Tucci</u>		<input type="checkbox"/> Unsatisfactory		<input type="checkbox"/> 5 A.M. on _____	
Telephone: <u>853-3222</u>		Person in Charge Email: _____		<input type="checkbox"/> Incomplete		(Date)	
Date (MM/DD/YY): <u>2-19-20</u>	Begin Time AM/PM: <u>11:45</u>	End Time AM/PM: <u>11:10</u>	Permit Number: <u>00161</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		Compliance Status	
IN	OUT N/A N/O	IN	OUT N/A N/O
<b>Supervision</b>			
<input checked="" type="checkbox"/>	1	Demonstration of Knowledge/Training	
<input checked="" type="checkbox"/>	2	Certified Manager/Person in Charge present	
<b>Employee Health</b>			
<input checked="" type="checkbox"/>	3	Knowledge, responsibilities and reporting	
<input checked="" type="checkbox"/>	4	Proper use of restriction and exclusion	
<input checked="" type="checkbox"/>	5	Responding to vomiting & diarrheal events	
<b>Good Hygienic Practices</b>			
<input checked="" type="checkbox"/>	6	Proper eating, tasting, drinking, or tobacco use	
<input checked="" type="checkbox"/>	7	No discharge from eyes, nose, and mouth	
<b>Preventing Contamination by Hands</b>			
<input checked="" type="checkbox"/>	8	Hands clean & properly washed	
<input checked="" type="checkbox"/>	9	No bare hand contact with RTE food	
<input checked="" type="checkbox"/>	10	Handwashing sinks, accessible & supplies	
<b>Approved Source</b>			
<input checked="" type="checkbox"/>	11	Food obtained from approved source	
<input checked="" type="checkbox"/>	12	Food received at proper temperature	
<input checked="" type="checkbox"/>	13	Food in good condition, safe, & unadulterated	
<input checked="" type="checkbox"/>	14	Shellstock tags & parasite destruction	
<p>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.</p>			
<b>Protection from Contamination</b>			
<input checked="" type="checkbox"/>	15	Food separated & protected; single-use gloves	
<input checked="" type="checkbox"/>	16	Food-contact surfaces; cleaned & sanitized	
<input checked="" type="checkbox"/>	17	Proper disposal of unsafe food	
<b>Time/Temperature Control for Safety</b>			
<input checked="" type="checkbox"/>	18	Cooking time & temperatures	
<input checked="" type="checkbox"/>	19	Reheating procedures for hot holding	
<input checked="" type="checkbox"/>	20	Cooling time and temperature	
<input checked="" type="checkbox"/>	21	Hot holding temperatures	
<input checked="" type="checkbox"/>	22	Cold holding temperatures	
<input checked="" type="checkbox"/>	23	Date marking and disposition	
<input checked="" type="checkbox"/>	24	Time as PHC, procedures & records	
<b>Consumer Advisory</b>			
<input checked="" type="checkbox"/>	25	Advisory for raw/undercooked food	
<b>Highly Susceptible Populations</b>			
<input checked="" type="checkbox"/>	28	Pasteurized foods used; No prohibited foods	
<b>Additives and Toxic Substances</b>			
<input checked="" type="checkbox"/>	27	Food additives: approved & properly used	
<input checked="" type="checkbox"/>	28	Toxic substances identified, stored, & used	
<b>Approved Procedures</b>			
<input checked="" type="checkbox"/>	29	Variance/specialized process/HACCP	
<p>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.</p>			

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

Person In Charge (Print & Signature) Dawn Tucci Date: 2-19-20

Inspector (Print & Signature) F. Garcia Phone: 676-3943

# Food Establishment Inspection Report

Name of Establishment:

Coral Shores HS

Permit Number:

00161

Date:

2-19-2020

## TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Reach ins	37/40				
Mashed potatoes	166				
Sauce	166				
	13				
Hot water	39				

## OBSERVATIONS AND CORRECTIVE ACTIONS

Violations cited in this report must be corrected

Violation Number

No violations

Person in Charge (Signature)

*[Handwritten Signature]*

Date

2-19-20

Inspector (Signature)

*[Handwritten Signature]*

Date

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