

# 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
					<input type="checkbox"/> Transitional Living Fac

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

Name of Establishment: <u>Coral Shores H.S.</u>				RESULTS: <input checked="" type="checkbox"/> Satisfactory		Correct by:	
Address: <u>89901 SW Hwy</u>		City: <u>Tavernier</u>		<input type="checkbox"/> Unsatisfactory		Next Routine Inspection	
ZIP Code: <u>33070</u>		Name of Person in Charge: <u>Dawn Tucci</u>		<input type="checkbox"/> Incomplete		8 A.M. on _____	
Telephone: <u>305 853 3272</u>		Person In Charge Email: <u>Dawn.Tucci@keyschools.com</u>		<input type="checkbox"/> Closure		(Date)	
Date (MM/DD/YY): <u>11-15-18</u>		Begin Time AM/PM: <u>10:00</u>	End Time AM/PM: <u>10:45</u>	Permit Number: <u>00161</u>	Position Number: <u>81052</u>	Number of Risk Factors/Intervention Violations Marked "OUT" (Items 1-28) _____	
						Number of Repeat Violations (1-57 R) _____	
<b>FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS</b>							

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
<b>Supervision</b>			
<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	
<b>Employee Health</b>			
<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"/>	<b>Time/Temperature Control for Safety</b>	
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"/>
<b>Good Hygienic Practices</b>			
<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"/>
<b>Preventing Contamination by Hands</b>			
<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		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Approved Source</b>			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	24 Time as PHC; procedures & records	
11 Food obtained from approved source		<b>Consumer Advisory</b>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	25 Advisory for raw/undercooked food	
12 Food received at proper temperature		<b>Highly Susceptible Populations</b>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	26 Pasteurized foods used; No prohibited foods	
13 Food in good condition, safe, & unadulterated		<b>Additives and Toxic Substances</b>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	27 Food additives: approved & properly used	
14 Shellstock tags & parasite destruction		<input checked="" type="checkbox"/>	
		28 Toxic substances identified, stored, & used	
<b>Approved Procedures</b>			
		29 Variance/specialized process/HACCP	

This form serves as a "Notice of Non-Compliance" pursuant to section 120.095, 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		IN		OUT	
<b>Safe Food and Water</b>				<b>Proper Use of Utensils</b>			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
30 Pasteurized eggs used where required		31 Water & ice from approved source		32 Variance obtained for special processing		33 Proper cooling methods; adequate equipment	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Food Temperature Control</b>			
34 Plant food properly cooked for hot holding		35 Approved thawing methods		<b>Food Identification</b>			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	36 Thermometers provided & accurate		<b>Prevention of Food Contamination</b>			
37 Food properly labeled; original container		38 Insects, rodents, & animals not present		<b>Utensils, Equipment and Vending</b>			
<b>Physical Facilities</b>				<b>Physical Facilities</b>			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	39 No Contamination (preparation, storage, display)		40 Personal cleanliness		41 Wiping cloths: properly used & stored	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	42 Washing fruits & vegetables		43 Utensils properly stored		44 Equipment & linens stored, dried, & handled	
45 Single-use/single-service articles stored & used		46 Splash-resistant/cloth gloves used properly		47 Food & non-food contact surfaces		48 Warewashing installed, maintained, used test strips	
49 Non-food contact surfaces clean		50 Hot & cold water available, under pressure		51 Plumbing installed, proper backflow devices		52 Sewage & waste water properly disposed	
53 Toilet facilities: supplied & cleaned		54 Garbage & refuse disposal		55 Facilities installed, maintained, & clean		56 Ventilation & lighting	
57 Permit, Fees, Application Plans		58		59		60	

Person In Charge (Print & Signature): <u>Dawn Tucci</u>	Date: <u>11-15-18</u>
Inspector (Print & Signature): <u>John Garcia</u>	Phone: <u>176 3002</u>

# Food Establishment Inspection Report

Name of Establishment:

Coral Shores H.S.

Permit Number:

00161

Date:

11-15-18

## TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Milk cooler	37°F	Sweet Potato Cass	170°F		
Beverage fridge	40°F	Pancakes	173°F		
Milk in fridge	41°F	Milk + Cheese	166°F		
Milk in heater	177°F	Grilled Chicken	166°F		
Milk in large	37°F				

## OBSERVATIONS AND CORRECTIVE ACTIONS

Violations cited in this report must be corrected

Violation Number

Strawberry Milk 11/23/18  
 Chocolate Milk 11/24/18  
 White Milk 11/25/18

Person in Charge (Signature)

*[Signature]*

Date

11-15-18

Inspector (Signature)

*[Signature]*

Date

11-15-18

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