

# Food Establishment Inspection Report

	<b>Facility Type:</b> <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"/> Movie Theater <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 checked="" type="checkbox"/> School		

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

<b>Name of Establishment:</b> Coral Shores H.S.		<b>RESULTS:</b> <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Incomplete <input type="checkbox"/> Closure <input type="checkbox"/> Out of Business	<b>Correct by:</b> <input checked="" type="checkbox"/> Next Routine Inspection <input type="checkbox"/> 8 A.M. on _____ (Date)	<b>Stop Sale Issued</b> _____
<b>Address:</b> 89901 o/s Hwy				
<b>ZIP Code:</b> 33070	<b>Name of Person in Charge:</b> Dawn Tucc			
<b>Telephone:</b> 853-3272	<b>Person in Charge Email:</b> Dawn.Tucc@persschools.com			
<b>Date (MM/DD/YY)</b> 3-14-19	<b>Begin Time AM/PM</b> 1145	<b>End Time AM/PM</b> 1210	<b>Permit Number</b> 00161	<b>Position Number</b> 31281
		<b>Number of Risk Factors/Intervention Violations Marked "OUT" (Items 1-29)</b> _____		<b>Number of Repeat Violations (1-57 R)</b> _____

**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; 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		IN		OUT		N/A		N/O		COS		R	
<b>Supervision</b>													
1	<input checked="" type="checkbox"/>												
Demonstration of Knowledge/Training													
2	<input checked="" type="checkbox"/>												
Certified Manager/Person in Charge present													
<b>Employee Health</b>													
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													
<b>Good Hygienic Practices</b>													
6	<input checked="" type="checkbox"/>												
Proper eating, tasting, drinking, or tobacco use													
7	<input checked="" type="checkbox"/>												
No discharge from eyes, nose, and mouth													
<b>Preventing Contamination by Hands</b>													
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													
<b>Approved Source</b>													
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													

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.

Compliance Status		IN		OUT		N/A		N/O		COS		R	
<b>Protection from Contamination</b>													
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													
<b>Time/Temperature Control for Safety</b>													
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													
<b>Consumer Advisory</b>													
25	<input checked="" type="checkbox"/>												
Advisory for raw/undercooked food													
<b>Highly Susceptible Populations</b>													
26	<input checked="" type="checkbox"/>												
Pasteurized foods used; No prohibited foods													
<b>Additives and Toxic Substances</b>													
27	<input checked="" type="checkbox"/>												
Food additives: approved & properly used													
28	<input checked="" type="checkbox"/>												
Toxic substances identified, stored, & used													
<b>Approved Procedures</b>													
29	<input checked="" type="checkbox"/>												
Variance/specialized process/HACCP													

**GOOD RETAIL PRACTICES**

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

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

<b>Person in Charge (Print &amp; Signature)</b> Dawn Tucc	<b>Date:</b> 3-14-19
<b>Inspector (Print &amp; Signature)</b> Eva Korous	<b>Phone:</b> 305-797-9144

