

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"/> Alterschool 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"/> Short-term Res Treat
<input type="checkbox"/> Assisted Living	<input type="checkbox"/> Detention Fac.	<input type="checkbox"/> Hospice	<input checked="" type="checkbox"/> School	<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:	Correct by:
Address: <u>89901 o/s Hwy</u>		City: <u>Tampa</u>			
ZIP Code: <u>33670</u>	Name of Person In Charge: <u>Dawn Tucci</u>			<input checked="" type="checkbox"/> Satisfactory	Next Routine Inspection & A.M. on _____ (Date)
Telephone: <u>853-3777</u>	Person In Charge Email: <u>Dawn.Tucci@pkyschools.com</u>			<input type="checkbox"/> Unsatisfactory	
Date (MM/DD/YY): <u>5-31-19</u>	Begin Time AM/PM: <u>9:20</u>	End Time AM/PM: <u>9:45</u>	Permit Number: <u>00161</u>	Position Number: <u>51052</u>	Number of Risk Factors/Intervention Violations Marked "OUT" (Items 1-29): _____
					Number of Repeat Violations (1-57 R): _____

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 <input checked="" type="checkbox"/> Demonstration of Knowledge/Training		15 <input checked="" type="checkbox"/> Food separated & protected; single-use gloves			
2 <input checked="" type="checkbox"/> Certified Manager/Person in Charge present		16 <input checked="" type="checkbox"/> Food-contact surfaces; cleaned & sanitized			
Employee Health					
3 <input checked="" type="checkbox"/> Knowledge, responsibilities and reporting		17 <input checked="" type="checkbox"/> Proper disposal of unsafe food			
4 <input checked="" type="checkbox"/> Proper use of restriction and exclusion		Time/Temperature Control for Safety			
5 <input checked="" type="checkbox"/> Responding to vomiting & diarrheal events		18 <input checked="" type="checkbox"/> Cooking time & temperatures			
Good Hygienic Practices					
6 <input checked="" type="checkbox"/> Proper eating, tasting, drinking, or tobacco use		19 <input checked="" type="checkbox"/> Reheating procedures for hot holding			
7 <input checked="" type="checkbox"/> No discharge from eyes, nose, and mouth		20 <input checked="" type="checkbox"/> Cooling time and temperature			
Preventing Contamination by Hands					
8 <input checked="" type="checkbox"/> Hands clean & properly washed		21 <input checked="" type="checkbox"/> Hot holding temperatures			
9 <input checked="" type="checkbox"/> No bare hand contact with RTE food		22 <input checked="" type="checkbox"/> Cold holding temperatures			
10 <input checked="" type="checkbox"/> Handwashing sinks, accessible & supplies		23 <input checked="" type="checkbox"/> Date marking and disposition			
Approved Source					
11 <input checked="" type="checkbox"/> Food obtained from approved source		24 <input checked="" type="checkbox"/> Time as PHC; procedures & records			
12 <input checked="" type="checkbox"/> Food received at proper temperature		Consumer Advisory			
13 <input checked="" type="checkbox"/> Food in good condition, safe, & unadulterated		25 <input checked="" type="checkbox"/> Advisory for raw/undercooked food			
14 <input checked="" type="checkbox"/> Shellstock tags & parasite destruction		Highly Susceptible Populations			
		26 <input checked="" type="checkbox"/> Pasteurized foods used; No prohibited foods			
Additives and Toxic Substances					
		27 <input checked="" type="checkbox"/> Food additives: approved & properly used			
Approved Procedures					
		28 <input checked="" type="checkbox"/> Toxic substances identified, stored, & used			
		29 <input checked="" type="checkbox"/> 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		COS		R	
Safe Food and Water											
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30 <input checked="" type="checkbox"/>		31 <input checked="" type="checkbox"/>		32 <input checked="" type="checkbox"/>							
Pasturized eggs used where required		Water & ice from approved source		Variance obtained for special processing							
Food Temperature Control											
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33 <input checked="" type="checkbox"/>		34 <input checked="" type="checkbox"/>		35 <input checked="" type="checkbox"/>		36 <input checked="" type="checkbox"/>					
Proper cooling methods; adequate equipment		Plant food properly cooked for hot holding		Approved thawing methods		Thermometers provided & accurate					
Food Identification											
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37 <input checked="" type="checkbox"/>											
Food properly labeled, original container											
Prevention of Food Contamination											
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38 <input checked="" type="checkbox"/>		39 <input checked="" type="checkbox"/>		40 <input checked="" type="checkbox"/>		41 <input checked="" type="checkbox"/>		42 <input checked="" type="checkbox"/>			
Insects, rodents, & animals not present		No Contamination (preparation, storage, display)		Personal cleanliness		Wiping cloths: properly used & stored		Washing fruits & vegetables			
Proper Use of Utensils											
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43 <input checked="" type="checkbox"/>		44 <input checked="" type="checkbox"/>		45 <input checked="" type="checkbox"/>		46 <input checked="" type="checkbox"/>					
Utensils: properly stored		Equipment & linens: stored, dried, & handled		Single-use/single-service articles: stored & used		Slash-resistant/cloth gloves used properly					
Utensils, Equipment and Vending											
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47 <input checked="" type="checkbox"/>		48 <input checked="" type="checkbox"/>		49 <input checked="" type="checkbox"/>							
Food & non-food contact surfaces		Warewashing: installed, maintained, used; test strips		Non-food contact surfaces clean							
Physical Facilities											
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50 <input checked="" type="checkbox"/>		51 <input checked="" type="checkbox"/>		52 <input checked="" type="checkbox"/>		53 <input checked="" type="checkbox"/>		54 <input checked="" type="checkbox"/>		55 <input checked="" type="checkbox"/>	
Hot & cold water available; under pressure		Plumbing installed; proper backflow devices		Sewage & waste water properly disposed		Toilet facilities: supplied & cleaned		Garbage & refuse disposal		Facilities installed, maintained, & clean	
56 <input checked="" type="checkbox"/>		57 <input checked="" type="checkbox"/>									
Ventilation & lighting		Permit; Fees; Application; Plans									

Person In Charge (Print & Signature) Dawn Tucci Date: 5-31-19

Inspector (Print & Signature) Arthur Green Phone: 676 3943

