

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>Stanley Smith K School</u>					RESULTS: <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Incomplete	Correct by: <input checked="" type="checkbox"/> Next Routine Inspection <input type="checkbox"/> 8 A.M. on _____ (Date)		Stop Sale Issued _____
Address: <u>3400 O/S Hwy</u>		City: <u>Marathon</u>						
ZIP Code: <u>33050</u>	Name of Person in Charge: <u>Victoria Cordell</u>				Closure <input type="checkbox"/> Out of Business	Number of Risk Factors/Intervention Violations Marked "OUT" (Items 1-29) _____		Number of Repeat Violations (1-57 R) _____
Telephone: <u>734 2490</u>	Person in Charge Email: <u>Victoria.Cordell@kesschool.com</u>							
Date (MM/DD/YY): <u>12-5-18</u>	Begin Time AM/PM: <u>9:40</u>	End Time AM/PM: <u>10:40</u>	Permit Number: <u>00221</u>	Position Number: <u>81052</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
Supervision			
1	<input checked="" type="checkbox"/>	Demonstration of Knowledge/Training	
2	<input checked="" type="checkbox"/>	Certified Manager/Person in Charge present	
Employee Health			
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	
Good Hygienic Practices			
6	<input checked="" type="checkbox"/>	Proper eating, tasting, drinking or tobacco use	
7	<input checked="" type="checkbox"/>	No discharge from eyes, nose, and mouth	
Preventing Contamination by Hands			
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	
Approved Source			
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.

Protection from Contamination			
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	
Time/Temperature Control for Safety			
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	
Consumer Advisory			
25	<input checked="" type="checkbox"/>	Advisory for raw/undercooked food	
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	
28	<input checked="" type="checkbox"/>	Toxic substances identified, stored, & used	
Approved Procedures			
29	<input checked="" type="checkbox"/>	Variance/specialized process/HACCP	

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.

Compliance Status		Compliance Status	
IN	OUT N/A N/O	IN	OUT N/A N/O
Safe Food and Water			
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	
Food Temperature Control			
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	
Food Identification			
37	<input checked="" type="checkbox"/>	Food properly labeled; original container	
Prevention of Food Contamination			
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	
Proper Use of Utensils			
43	<input checked="" type="checkbox"/>	Utensils: properly stored	
44	<input checked="" type="checkbox"/>	Equipment & linens: stored, dried, & handled	
45	<input checked="" type="checkbox"/>	Single-use/single-service articles: stored & used	
46	<input checked="" type="checkbox"/>	Slash-resistant/cloth gloves used properly	
Utensils, Equipment and Vending			
47	<input checked="" type="checkbox"/>	Food & non-food contact surfaces	
48	<input checked="" type="checkbox"/>	Warewashing: installed, maintained, used test strips	
49	<input checked="" type="checkbox"/>	Non-food contact surfaces clean	
Physical Facilities			
50	<input checked="" type="checkbox"/>	Hot & cold water available, under pressure	
51	<input checked="" type="checkbox"/>	Plumbing installed, proper backflow devices	
52	<input checked="" type="checkbox"/>	Sewage & waste water properly disposed	
53	<input checked="" type="checkbox"/>	Toilet facilities: supplied & cleaned	
54	<input checked="" type="checkbox"/>	Garbage & refuse disposal	
55	<input checked="" type="checkbox"/>	Facilities installed, maintained, & clean	
56	<input checked="" type="checkbox"/>	Ventilation & lighting	
57	<input checked="" type="checkbox"/>	Permit; Fees; Application Plans	

Person in Charge (Print & Signature) Victoria Cordell Victoria Cordell Date: 12-5-18

Inspector (Print & Signature) Atina Garcia John Lawrence Phone: 671 2493

Food Establishment Inspection Report

Name of Establishment:

Permit Number:

Date:

Stanley Smith School

44-48-00221

12-5-18

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Walk in Freezer	-10:	Walk in Refrigeration	32		

OBSERVATIONS AND CORRECTIVE ACTIONS

Violations cited in this report must be corrected

Violation Number

Chick Milk 12-23-18	Strawberry Milk 12-27-18	Milk 12-23-18	
Sloppy Joes 145°F	Potatoes 145°F	Milk 146°F	

55

Will have air vents cleaned, Dusty at time of inspection

Person in Charge (Signature)

Natalie Lindsey

Date

12-5-18

Inspector (Signature)

[Signature]

Date

12-5-18

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