

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>Stanley S. White School</u>					RESULTS: <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Incomplete	Correct by: Next Routine Inspection 8 A.M. on _____ (Date)	Stop Safe Issued _____
Address: <u>3400 05 Hwy</u>		City: <u>Marathon</u>					
ZIP Code: <u>33050</u>	Name of Person in Charge: <u>Victoria Cordell</u>				Closure	Number of Risk Factors/Intervention Violations Marked "OUT" (Items 1-28) <u>0</u>	Number of Repeat Violations (1-57 R) <u>0</u>
Telephone: <u>789 2490</u>	Person in Charge Email: <u>Victoria.Cordell@k12schools.org</u>						
Date (MM/DD/YY): <u>05/29/19</u>	Begin Time AM/PM: <u>10:30</u>	End Time AM/PM: <u>10:45</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		IN		OUT		N/A		N/O		COS		R	
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													
<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>													

Compliance Status		IN		OUT		N/A		N/O		COS		R	
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													
<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.

Compliance Status		IN		OUT		N/A		N/O		COS		R	
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													

Compliance Status		IN		OUT		N/A		N/O		COS		R	
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) Mileydi McKennie Michelle McKennie Date: 5/29/2019

Inspector (Print & Signature) Atina Garcia Phone: 676 2943

