

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"/> 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

Name of Establishment: <u>Stamps Smith School</u>					RESULTS: <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Incomplete <input type="checkbox"/> Closure <input type="checkbox"/> Out of Business	Correct by: <input checked="" type="checkbox"/> Next Routine Inspection & A.M. on _____ (Date)		Stop Sale 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>							
Telephone: <u>289 2490</u>	Person in Charge Email: <u>Victoria.Cordell@stamps-smith.com</u>							
Date (MM/DD/YY): <u>9-19-19</u>	Begin Time (AM/PM): <u>1000</u>	End Time (AM/PM): <u>1120</u>	Permit Number: <u>00221</u>	Position Number: <u>51052</u>	Number of Risk Factors/Intervention Violations Marked "OUT" (Items 1-29): _____			
					Number of Repeat Violations (1-57 R): <u>0</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	IN	OUT
Supervision			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 <input checked="" type="checkbox"/> Demonstration of Knowledge/Training		15 <input type="checkbox"/> Protection from Contamination	
2 <input type="checkbox"/> Certified Manager/Person in Charge present		16 <input type="checkbox"/> Food separated & protected, single-use gloves	
Employee Health			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 <input checked="" type="checkbox"/> Knowledge, responsibilities and reporting		17 <input type="checkbox"/> Food-contact surfaces: cleaned & sanitized	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 <input type="checkbox"/> Proper use of restriction and exclusion		18 <input type="checkbox"/> Proper disposal of unsafe food	
<input type="checkbox"/>	<input type="checkbox"/>	Time/Temperature Control for Safety	
5 <input type="checkbox"/> Responding to vomiting & diarrheal events		19 <input type="checkbox"/> Cooking time & temperatures	
Good Hygienic Practices			
<input type="checkbox"/>	<input type="checkbox"/>	20 <input type="checkbox"/> Reheating procedures for hot holding	
6 <input type="checkbox"/> Proper eating, tasting, drinking, or tobacco use		21 <input type="checkbox"/> Cooling time and temperature	
<input type="checkbox"/>	<input type="checkbox"/>	22 <input type="checkbox"/> Hot holding temperatures	
7 <input type="checkbox"/> No discharge from eyes, nose, and mouth		23 <input type="checkbox"/> Cold holding temperatures	
Preventing Contamination by Hands			
<input type="checkbox"/>	<input type="checkbox"/>	24 <input type="checkbox"/> Date marking and disposition	
8 <input type="checkbox"/> Hands clean & properly washed		25 <input type="checkbox"/> Time as PHC: procedures & records	
<input type="checkbox"/>	<input type="checkbox"/>	Consumer Advisory	
9 <input type="checkbox"/> No bare hand contact with RTE food		26 <input type="checkbox"/> Advisory for raw/undercooked food	
<input type="checkbox"/>	<input type="checkbox"/>	Highly Susceptible Populations	
10 <input type="checkbox"/> Handwashing sinks, accessible & supplies		27 <input type="checkbox"/> Pasteurized foods used; No prohibited foods	
Approved Source			
<input type="checkbox"/>	<input type="checkbox"/>	Additives and Toxic Substances	
11 <input type="checkbox"/> Food obtained from approved source		28 <input type="checkbox"/> Food additives: approved & properly used	
<input type="checkbox"/>	<input type="checkbox"/>	Approved Procedures	
12 <input type="checkbox"/> Food received at proper temperature		29 <input type="checkbox"/> Variance/specialized process/HACCP	
<input type="checkbox"/>	<input type="checkbox"/>	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.	
13 <input type="checkbox"/> Food in good condition, safe, & unadulterated			
<input type="checkbox"/>	<input type="checkbox"/>		
14 <input 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.

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

Person in Charge (Print & Signature) M. Legd. McKenzic / M. Legd. McKenzic Date: 9/19/2019

Inspector (Print & Signature) Fitzma Garcia Phone: 676 3943

