

# Food Establishment Inspection Report

	<b>Facility Type:</b> <input type="checkbox"/> Adult Day Care <input type="checkbox"/> After-school Meal Prog <input type="checkbox"/> Assisted Living <input type="checkbox"/> Bar/Lounge <input type="checkbox"/> Civic <input type="checkbox"/> Crisis Stabilization Unit <input type="checkbox"/> Detention Fac. <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Fraternal Org. <input type="checkbox"/> Home for Special Services <input type="checkbox"/> Hospice <input type="checkbox"/> Intermediate Care DD <input type="checkbox"/> Migrant Housing <input type="checkbox"/> Movie Theater <input type="checkbox"/> PPEC <input type="checkbox"/> Recreational Camp <input type="checkbox"/> Residential Treatment Fac. <input checked="" type="checkbox"/> School <input type="checkbox"/> Short-term Res Treat <input type="checkbox"/> Transitional Living Fac
	<b>PURPOSE:</b> <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Reinspection <input type="checkbox"/> Construction <input type="checkbox"/> Complaint <input type="checkbox"/> Consultation <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Epidemiology <input type="checkbox"/> Temporary Event <input type="checkbox"/> Other _____

<b>Name of Establishment:</b> Poinciana Elementary School		<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 type="checkbox"/> Next Routine Inspection <input type="checkbox"/> 8 A.M. on _____ (Date) <b>Stop Sale Issued</b> _____	
<b>Address:</b> 1407 Kennedy Dr. City: Key west		<b>Name of Person In Charge:</b> Ann Menite		Number of Risk Factors/Intervention Violations Marked "OUT" (Items 1-29) <u>0</u> Number of Repeat Violations (1-57 R) <u>0</u>	
<b>ZIP Code:</b> 33040		<b>Telephone:</b> (305) 293-1630		<b>Person In Charge Email:</b>	
<b>Date (MM/DD/YY):</b> 12/16/19	<b>Begin Time AM/PM:</b> 10:15 Am	<b>End Time AM/PM:</b> 11:00 Am	<b>Permit Number:</b> 44-48-00155	<b>Position Number:</b> 69786	

### 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	
<b>Supervision</b>													
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>											
Demonstration of Knowledge/Training													
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>											
Certified Manager/Person in Charge present													
<b>Employee Health</b>													
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>											
Knowledge, responsibilities and reporting													
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>											
Proper use of restriction and exclusion													
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>											
Responding to vomiting & diarrheal events													
<b>Good Hygienic Practices</b>													
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>											
Proper eating, tasting, drinking, or tobacco use													
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>											
No discharge from eyes, nose, and mouth													
<b>Preventing Contamination by Hands</b>													
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>											
Hands clean & properly washed													
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>											
No bare hand contact with RTE food													
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>											
Handwashing sinks, accessible & supplies													
<b>Approved Source</b>													
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>											
Food obtained from approved source													
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>											
Food received at proper temperature													
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>											
Food in good condition, safe, & undeteriorated													
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>											
Shellstock tags & parasite destruction													
<small>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.</small>													

Compliance Status		IN		OUT		N/A		N/O		COS		R	
<b>Protection from Contamination</b>													
15	<input checked="" type="checkbox"/>	<input type="checkbox"/>											
Food separated & protected; single-use gloves													
16	<input checked="" type="checkbox"/>	<input type="checkbox"/>											
Food-contact surfaces; cleaned & sanitized													
17	<input checked="" type="checkbox"/>	<input type="checkbox"/>											
Proper disposal of unsafe food													
<b>Time/Temperature Control for Safety</b>													
18	<input checked="" type="checkbox"/>	<input type="checkbox"/>											
Cooking time & temperatures													
19	<input checked="" type="checkbox"/>	<input type="checkbox"/>											
Reheating procedures for hot holding													
20	<input checked="" type="checkbox"/>	<input type="checkbox"/>											
Cooling time and temperature													
21	<input checked="" type="checkbox"/>	<input type="checkbox"/>											
Hot holding temperatures													
22	<input checked="" type="checkbox"/>	<input type="checkbox"/>											
Cold holding temperatures													
23	<input checked="" type="checkbox"/>	<input type="checkbox"/>											
Date marking and disposition													
24	<input checked="" type="checkbox"/>	<input type="checkbox"/>											
Time as PHC, procedures & records													
<b>Consumer Advisory</b>													
25	<input checked="" type="checkbox"/>	<input type="checkbox"/>											
Advisory for raw/undercooked food													
<b>Highly Susceptible Populations</b>													
26	<input checked="" type="checkbox"/>	<input type="checkbox"/>											
Pasteurized foods used; No prohibited foods													
<b>Additives and Toxic Substances</b>													
27	<input checked="" type="checkbox"/>	<input type="checkbox"/>											
Food additives: approved & properly used													
28	<input checked="" type="checkbox"/>	<input type="checkbox"/>											
Toxic substances identified, stored, & used													
<b>Approved Procedures</b>													
29	<input checked="" type="checkbox"/>	<input type="checkbox"/>											
Variance/specialized process/HACCP													
<small>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.</small>													

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

By typing my signature, in the signature space provided below, I agree to create an electronic record and to adopt the electronic symbol created by me as a manifestation of my signature on the electronic record, which shall have the same force and effect as a written signature and record, in accordance with s. 688.50, Fla. Stat. (2017) and 15 U.S.C. s. 7001 (2000).

Person In Charge (Print & Signature) Ann Menite Date: 12/16/19  
 Inspector (Print & Signature) Brandie Peretz Brandie Peretz Phone: 676-3910

