



Facility Type: Bar/Lounge Domestic Violence Intermediate Care DD PPEC
 Adult Day Care Civic Fraternal Org. Migrant Housing Recreational Camp Short-term Res Treat
 ARerschool Meal Prog Crisis Stabilization Unit Home for Special Services Residential Treatment Fac. Transitional Living Fac
 Assisted Living Detention Fac. Hospice Movie Theater School

PURPOSE: Routine Reinspection Construction Complaint Consultation Change of Ownership Epidemiology Temporary Event Other

Name of Establishment: Horace O' Bryant School
 Address: 1105 Leon St City: Key West
 ZIP Code: 33040 Name of Person In Charge: Laura Gonzalez
 Telephone: 293-1400 Person In Charge Email:
 Date (MM/DD/YY) 02/21/20 Begin Time AM/PM 10:00 AM End Time AM/PM Permit Number 44-4R-144631 Position Number 69786

RESULTS: Satisfactory Unsatisfactory Incomplete Closure Out of Business

Correct by:
 Next Routine Inspection 8 A.M. on _____ (Date)
 Stop Sale Issued
 Number of Risk Factors/Intervention Violations Marked "OUT" (Items 1-29) 0
 Number of Repeat Violations (1-57 R) 0

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; 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"/>	<input type="checkbox"/>	Demonstration of Knowledge/Training		
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Certified Manager/Person in Charge present		
Employee Health					
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		
Good Hygienic Practices					
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		
Preventing Contamination by Hands					
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		
Approved Source					
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, & unadulterated		
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Shellstock tags & parasite destruction		

Compliance Status		IN OUT N/A N/O		COS	R
Protection from Contamination					
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		
Time/Temperature Control for Safety					
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		
Consumer Advisory					
25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Advisory for raw/undercooked food		
Highly Susceptible Populations					
26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pasteurized foods used. No prohibited foods		
Additives and Toxic Substances					
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		
Approved Procedures					
29	<input checked="" type="checkbox"/>	<input 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.

Compliance Status		IN OUT N/A N/O		COS	R
Safe Food and Water					
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		
Food Temperature Control					
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		
Food Identification					
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container		
Prevention of Food Contamination					
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		

Compliance Status		IN OUT N/A N/O		COS	R
Proper Use of Utensils					
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		
Utensils, Equipment and Vending					
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		
Physical Facilities					
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) Laura Gonzalez Date: 2/21/20
 Inspector (Print & Signature) Brandie Peretz, B... Phone: 676-3910

