## Food Establishment Inspection Report

Facility Type:  Adult Day Co	Care Civic From Meal Prog Crisis Stabilization Unit Ho		ces	Intermediate Care D Migrant Housing Movie Theater	Recreational								
Assisted Living Delention Fac. Hospice School  PURPOSE: Adoutine Reinspection Construction Complaint Consultation Change of Ownership Epidemiology Temporary Event Other													
PURPOSE:HOURING		ConsultationCn	ange o	OwnershipEpidem	iology   Temporary E			-					
Name of Establishmen	11: Horace O'Bryan	+			RESULTS:	Correct by:							
Address: 1105	Leon St	City: W	. 1	West	Satisfactory	Mext Routine Inspection	Stop 5	Sale					
271	116	7	201.31			lssu							
ZIP Code:	Name of Person in Charge:	K	alzer	Unsatisfactory	8 A.M. on		-						
Telephone: 243	Person in Charge Email:	Section 1		Incomplete	(Date)								
Date (MM/DD/YY)		Permit Number		Position Number	Closure	Number of Risk Factors/Intervent							
IN HILLIO	10:26 11:26	U 1171 13101	/ 12	1 9 70	Out of Business	Violations Marked "OUT" (items 1		-					
12 14 18 10:30 11-30 144-48-144613 69 186 Cut of pushwess Number of Repeat Violations (1-67 R)													
				ND PUBLIC HEALT									
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 occurring at the time of inspection; NA=the act or item is not performed by the facility.													
	priate box for: COS=violation corrected on site			•	ormed by the tacility.								
Compliance Status			T	Compliance Status			_	-					
IN OUT N/A N/O		co	5 R	IN OUT N/A N/O			cos	s R					
	Supervision			111 001 111 1110	Protection from	Contamination	- 1						
1 🗵 🗆	Demonstration of Knowledge/Training			15 20 0 0	Food separated & p	rolected; single-use gloves		T					
2 2	Certified Manager/Person in Charge present			16 🗷 🗆	Food-contact surface	es; cleaned & sanitized		I					
	Employee Health	C PUBLISHED		17 🗷 🗀	Proper disposal of u	nsafe food		I					
3 20	Knowledge, responsibilities and reporting		H	-17	Time/Temperature	Control for Safety		-					
5 2 0	Proper use of restriction and exclusion		H	18 7 0 0 0	Cooking time 5 tem		-	-					
3 22 1	Responding to vomiting & diarrheal events  Good Hyglenic Practices		-	19 7	Reheating procedur		-	-					
6 0 0	Proper eating tasting drinking or tobacco use			21 0 0 0	Cooling time and les Hot holding tempera		-	+					
700 0	No discharge from eyes, nose, and mouth		T	22	Cold holding temper		-	+					
- S E 1882	Preventing Contamination by Hands			23 0 0 0 0	Date marking and d								
8 20 1	Hands clean & properly washed			24	Time as PHC proce			T					
9 0000	No bare hand contact with RTE food				Consumer		-						
10 🗷 🗆	Handwashing sinks, accessible & supplies			25 🗆 🗔 🗷	Advisory for raw/unc			L					
11 🗹 🗆	Approved Source		-	20 - ( em em	Highly Suscepti								
12 2 0 0 0	Food obtained from approved source Food received at proper temperature		H	26 2	Pasteurized foods u	sed. No prohibited foods		_					
13 🗹 🗆	Food in good condition, safe & unadulterated			27 🗷 🗆 🗀	1	roved & properly used	7-00	T					
14 0 0 0 0	Shellstock tags & parasite destruction			28 🗹 🗆 🖂	-	entified, stored, & used		T					
	Notice of Non-Compliance" pursuant to section as "out" violate one or more of the requirement		the		Approved F	rocedures	97,440						
Florida Administrative C	ode or Chapter 381 0072, Florida Statules.			Pick factors are impe	Variance/specialize	f process/HACCP edures identified as the most pr							
	ected within the time period indicated above. Consecutions is a violation. Failure to correct			contributing factors o	f foodborne illness or i	njury. Public health Intervention		•					
	sult in enforcement action being initiated by the			control measures to p	prevent foodborne illne	ss or injury.							
		GOOD RETA	# PF	ACTIONS				-					
						The Salara							
	Good Retail Practices are preventative me			The state of the s		cts into foods.		_					
IN OUT N/A N/O	Safe Food and Water	co	S R	IN OUT N/A N/O		P 1 14 19 -	cos	F					
30 0 0 0 0 0	Pasteurized eggs used where required			43 🗹 🗆 🗀	Proper Use o		-						
31 20 11 11	Water & ice from approved source		$\Box$	44 2 0 0 0	The state of the s	stored, dried, & handled	-	十					
32	Variance obtained for special processing			45 2000		rvice articles stored & used		t					
	Food Temperature Control			46 🗹 🗆 🖂		gloves used properly		İ					
33 4000	Proper cooling methods: adequate equipment				Utensils, Equipm	nent and Vending							
34 0/0 11 11	Plant food properly cooked for hot holding		H	47 00 0 0	Food & non-food co								
35 20 0 0	Approved thawing methods		н	48 20 0	THE REAL PROPERTY AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO IN COLUM	lted maintained used: test strips	-	H					
	Thermometers provided & accurate Food Identification		-	49 2000	Non-food contact su	riaces clean cal Facilities		_					
37 🖸 🗀 🖸	Food properly labeled; onginal container			50 0/0 0 0	-	ilable; under pressure		Г					
XII.	Prevention of Food Contamination	- account facility		51 2000		roper backflow devices							
38 🗷 🗆 🗆 🗆	Insects, rodents, & animals not present			52 🕝 🗆 🗔		ter properly disposed		1					
39	No Contamination (preparation, storage, displa	0	1	53 2000	Toilet facilities supp	lied & cleaned							
40 00 00 00	Personal cleanliness		-	54 🖾 🗆 🗀	Garbage & refuse di			1					
41 07 0 11 11	Wiping cloths, properly used & stored		-	55 12 11 11	Facilities installed, n		-	-					
	Washing fruits & vegetables as signature space provided below. I agree to create an	Blackmain second and 4a	adcel	57 20 0 0	Ventilation & lighting Permit; Fees, Applic		-	-					
the electronic symbol create	d by me as a manifestation of my signature on the elect a written signature and record, in accordance with s. 6	tronic record, which shall	have		- entre, i ese, replac		-	E					
U.S.C. s. 7001 (2000)													
Person in Charge (Prin	t & Signature) Nikola Ba	120r	NIL	UL D. 30		Date: 2   4	K						
	0 4 5 6	1		111		741	7/1	0					
nspector (Print & Sign	ature) (attis Fland	(a.)	U.	Tool	101	Phone: U /U	5411	U					
		The second secon						-					

Food Establishment Inspection Report												
Name of E	stablishment:		Permit Number:		Date:							
Hac	ace O'Bru	24.	1 1 44-48-14	14/0131	12114	118						
TO	are o my	XIII	TEMPERATURE OBSERV	ATIONS		[10						
	Item/Location	Temp	Item/Location	Temp	Item/Location	Temp						
Pizza		11090	Marajan Chase	1660		101115						
6)011	In France	-20°	- William Charles	100								
Walk	in Ceoles	250										
Cill	Sadurches	410										
Time	Server and S	410										
Part	cide	320			······································							
Stu	no Chare	390	AND THE PARTY OF THE PARTY.									
Swe	et Peterto	1720	Sanitizer 2000									
		OBS	ERVATIONS AND CORREC	TIVE ACTION	IS	DELEGANS						
Violation			Violations cited in this report	must be corrected	t							
Number												
23	0	0 '		1 0 1	1 1	1 1						
	Upen WI	ripped .	topping unda	ted, a	are all opened	proclucts						
			, )									
			Control Control Control		0.00							
					Name and the same							
1												
				- Carlotte		RVAL NEWS						
- 1												
By typing my signal mapifestation of my	ture, in the signature space provided below	w, I agree to create an el	ectronic record and to adopt the electronic symbol created be searched effect as a written signature and record, in accordant	by me as a								
668 50, Fla Stat (	2017) and 15 U S C s 7001 (2000)	. / 7.	/ /									
Person in C	Charge (Signature)	1:1-6-8	Palm		Date							
Inspector (	Signature)	tl. 1	led		Date 1211	4/18						
CODE OUTSELD SO			0		Page 2 of	2						