

# 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"/> Short-term Res Treat
<input type="checkbox"/> Assisted Living	<input type="checkbox"/> Detention Fac.	<input type="checkbox"/> Hospice		<input type="checkbox"/> School	<input type="checkbox"/> Transitional Living Fac

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

Name of Establishment: <b>Horace O'Bryant</b>				RESULTS: <input checked="" type="checkbox"/> Satisfactory		Correct by: <input checked="" type="checkbox"/> Next Routine Inspection		Stop Sale Issued
Address: <b>1105 Leon St</b>		City: <b>Key West</b>		<input type="checkbox"/> Unsatisfactory		<input type="checkbox"/> 8 A.M. on _____		
ZIP Code: <b>33040</b>		Name of Person in Charge: <b>Nikola Balzer</b>		<input type="checkbox"/> Incomplete		(Date)		
Telephone: <b>293-1400</b>		Person in Charge Email:		<input type="checkbox"/> Closure		Number of Risk Factors/Intervention Violations Marked "OUT" (Items 1-29) <b>1</b>		
Date (MM/DD/YY): <b>12/14/18</b>	Begin Time (AM/PM): <b>10:30</b>	End Time (AM/PM): <b>11:30</b>	Permit Number: <b>44-48-144613</b>	Position Number: <b>69786</b>	<input type="checkbox"/> Out of Business		Number of Repeat Violations (1-57 R) <b>0</b>	

### 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	Compliance Status	IN OUT N/A N/O	COS	R
<b>Supervision</b>				<b>Protection from Contamination</b>			
1	<input checked="" type="checkbox"/> <input type="checkbox"/>			15	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
2	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			16	<input checked="" type="checkbox"/> <input type="checkbox"/>		
<b>Employee Health</b>				<b>Time/Temperature Control for Safety</b>			
3	<input checked="" type="checkbox"/> <input type="checkbox"/>			18	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
4	<input checked="" type="checkbox"/> <input type="checkbox"/>			19	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
5	<input checked="" type="checkbox"/> <input type="checkbox"/>			20	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
<b>Good Hygienic Practices</b>				<b>Consumer Advisory</b>			
6	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			21	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
7	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			22	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
<b>Preventing Contamination by Hands</b>				<b>Highly Susceptible Populations</b>			
8	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			23	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
9	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			24	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
10	<input checked="" type="checkbox"/> <input type="checkbox"/>			<b>Approved Procedures</b>			
<b>Approved Source</b>				<b>Variance/specialized process/HACCP</b>			
11	<input checked="" type="checkbox"/> <input type="checkbox"/>			25	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		
12	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			26	<input checked="" type="checkbox"/> <input type="checkbox"/>		
13	<input checked="" type="checkbox"/> <input type="checkbox"/>			<b>Additives and Toxic Substances</b>			
14	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			27	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
<b>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.</b>				<b>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.</b>			

### 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	IN OUT N/A N/O	COS	R
<b>Safe Food and Water</b>			<b>Proper Use of Utensils</b>		
30	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		43	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
31	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		44	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
32	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		45	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<b>Food Temperature Control</b>			<b>Utensils, Equipment and Vending</b>		
33	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		46	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
34	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		47	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
35	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		48	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
36	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		49	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<b>Food Identification</b>			<b>Physical Facilities</b>		
37	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		50	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<b>Prevention of Food Contamination</b>			51	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
38	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		52	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
39	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		53	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
40	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		54	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
41	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		55	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
42	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		56	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
			57	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

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. 668.50, Fla. Stat. (2017) and 15 U.S.C. s. 7001 (2000).

Person in Charge (Print & Signature) <b>Nikola Balzer</b>	Date: <b>12/14/18</b>
Inspector (Print & Signature) <b>Caitlin Floyd</b>	Phone: <b>676-3910</b>

