

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"/> 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>Plantation Key School</u>				RESULTS: <input checked="" type="checkbox"/> Satisfactory		Correct by: <input type="checkbox"/> Next Routine Inspection		Stop Sale Issued
Address: <u>100 Lake Rd.</u> City: <u>Tavernier</u>				<input type="checkbox"/> Unsatisfactory		<input type="checkbox"/> 8 A.M. on _____ (Date)		
ZIP Code: <u>33070</u>		Name of Person in Charge: <u>Dawn Tucci</u>		<input type="checkbox"/> Incomplete				
Telephone: <u>853 3222</u>		Person in Charge Email:		<input type="checkbox"/> Closure		Number of Risk Factors/Intervention Violations Marked "OUT" (Items 1-29)		<u>0</u>
Date (MM/DD/YY): <u>3/29/19</u>	Begin Time AM/PM: <u>10:15</u>	End Time AM/PM:	Permit Number: <u>4448-1776171</u>	Position Number: <u>81052</u>	<input type="checkbox"/> Out of Business		Number of Repeat Violations (1-57 R)	

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	N/A N/O	IN	OUT	N/A N/O
Supervision					
<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
1 Demonstration of Knowledge/Training					
<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
2 Certified Manager/Person in Charge present					
Employee Health					
<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
3 Knowledge, responsibilities and reporting					
<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
4 Proper use of restriction and exclusion					
<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
5 Responding to vomiting & diarrheal events					
Good Hygienic Practices					
<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
6 Proper eating, tasting, drinking, or tobacco use					
<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
7 No discharge from eyes, nose, and mouth					
Preventing Contamination by Hands					
<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
8 Hands clean & properly washed					
<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
9 No bare hand contact with RTE food					
<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
10 Handwashing sinks, accessible & supplies					
Approved Source					
<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
11 Food obtained from approved source					
<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
12 Food received at proper temperature					
<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
13 Food in good condition, safe, & unadulterated					
<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
14 Shellstock tags & parasite destruction					
<p>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.</p>					
Protection from Contamination					
<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
15 Food separated & protected; single-use gloves					
<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
16 Food-contact surfaces; cleaned & sanitized					
<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
17 Proper disposal of unsafe food					
Time/Temperature Control for Safety					
<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
18 Cooking time & temperatures					
<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
19 Reheating procedures for hot holding					
<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
20 Cooling time and temperature					
<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
21 Hot holding temperatures					
<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
22 Cold holding temperatures					
<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
23 Date marking and disposition					
<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
24 Time as PHC; procedures & records					
Consumer Advisory					
<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
25 Advisory for raw/undercooked food					
Highly Susceptible Populations					
<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
26 Pasteurized foods used; No prohibited foods					
Additives and Toxic Substances					
<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
27 Food additives: approved & properly used					
<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
28 Toxic substances identified, stored, & used					
Approved Procedures					
<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
29 Variance/specialized process/HACCP					
<p>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.</p>					

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

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

Person in Charge (Print & Signature) RALPH PEREIRA Date: 3/29/19
 Inspector (Print & Signature) Atima Garcia Phone: 676-3945

Food Establishment Inspection Report

Name of Establishment:

Plantation Key school

Permit Number:

44-48-1776171

Date:

3-29-19

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Reaching fridge	36				
Milk in fridge	39				
Whisk in freezer	6				
Hot dogs	165				
Onion rings	145				
meat	135				
Milk Galye	35				

OBSERVATIONS AND CORRECTIVE ACTIONS

Violations cited in this report must be corrected

Violation Number

No violations.

Person in Charge (Signature)

P. Owen 3/29/19

Date

Inspector (Signature)

[Signature]

Date

3-29-19