


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"/> Short-term Res Treat <input type="checkbox"/> Afterschool Meal Prog <input type="checkbox"/> Crisis Stabilization Unit <input type="checkbox"/> Home for Special Services <input type="checkbox"/> Residential Treatment Fac. <input type="checkbox"/> Transitional Living Fac. <input type="checkbox"/> Assisted Living <input type="checkbox"/> Detention Fac. <input type="checkbox"/> Hospice <input type="checkbox"/> Movie Theater <input checked="" type="checkbox"/> School
---	--

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

Name of Establishment: Plantation Key School					RESULTS: <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Incomplete <input type="checkbox"/> Closure <input type="checkbox"/> Out of Business	Correct by: Next Routine Inspection 8 A.M. on _____ (Date)		Stop Sale Issued _____
Address: 100 Lake Rd			City: Tavernier					
ZIP Code: 33070		Name of Person In Charge: Dawn Tucco						
Telephone: 853-3222		Person in Charge Email: _____						
Date (MM/DD/YY): 5-31-19	Begin Time AM/PM: 9:45	End Time AM/PM: 10:15	Permit Number: 1776171	Position Number: 51056	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; 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	
Supervision								
1	<input checked="" type="checkbox"/>	Demonstration of Knowledge/Training						
2	<input checked="" type="checkbox"/>	Certified Manager/Person in Charge present						
Employee Health								
3	<input checked="" type="checkbox"/>	Knowledge, responsibilities and reporting						
4	<input checked="" type="checkbox"/>	Proper use of restriction and exclusion						
5	<input checked="" type="checkbox"/>	Responding to vomiting & diarrhea events						
Good Hygienic Practices								
6	<input checked="" type="checkbox"/>	Proper eating, tasting, drinking, or tobacco use						
7	<input checked="" type="checkbox"/>	No discharge from eyes, nose, and mouth						
Preventing Contamination by Hands								
8	<input checked="" type="checkbox"/>	Hands clean & properly washed						
9	<input checked="" type="checkbox"/>	No bare hand contact with RTE food						
10	<input checked="" type="checkbox"/>	Handwashing sinks, accessible & supplies						
Approved Source								
11	<input checked="" type="checkbox"/>	Food obtained from approved source						
12	<input checked="" type="checkbox"/>	Food received at proper temperature						
13	<input checked="" type="checkbox"/>	Food in good condition, safe, & unadulterated						
14	<input checked="" type="checkbox"/>	Shellstock tags & parasite destruction						

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

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"/>	Pasteurized eggs used where required						
31	<input checked="" type="checkbox"/>	Water & ice from approved source						
32	<input checked="" type="checkbox"/>	Variance obtained for special processing						
Food Temperature Control								
33	<input checked="" type="checkbox"/>	Proper cooling methods; adequate equipment						
34	<input checked="" type="checkbox"/>	Plant food properly cooked for hot holding						
35	<input checked="" type="checkbox"/>	Approved thawing methods						
36	<input checked="" type="checkbox"/>	Thermometers provided & accurate						
Food Identification								
37	<input checked="" type="checkbox"/>	Food properly labeled; original container						
Prevention of Food Contamination								
38	<input checked="" type="checkbox"/>	Insects, rodents, & animals not present						
39	<input checked="" type="checkbox"/>	No Contamination (preparation, storage, display)						
40	<input checked="" type="checkbox"/>	Personal cleanliness						
41	<input checked="" type="checkbox"/>	Wiping cloths: properly used & stored						
42	<input checked="" type="checkbox"/>	Washing fruits & vegetables						

Compliance Status		IN	OUT	N/A	N/O	COS	R	
Proper Use of Utensils								
43	<input checked="" type="checkbox"/>	Utensils: properly stored						
44	<input checked="" type="checkbox"/>	Equipment & linens: stored, dried, & handled						
45	<input checked="" type="checkbox"/>	Single-use/single-service articles: stored & used						
46	<input checked="" type="checkbox"/>	Slash-resistant/cloth gloves used properly						
Utensils, Equipment and Vending								
47	<input checked="" type="checkbox"/>	Food & non-food contact surfaces						
48	<input checked="" type="checkbox"/>	Warewashing: installed, maintained, used; test strips						
49	<input checked="" type="checkbox"/>	Non-food contact surfaces clean						
Physical Facilities								
50	<input checked="" type="checkbox"/>	Hot & cold water available; under pressure						
51	<input checked="" type="checkbox"/>	Plumbing installed; proper backflow devices						
52	<input checked="" type="checkbox"/>	Sewage & waste water properly disposed						
53	<input checked="" type="checkbox"/>	Toilet facilities: supplied & cleaned						
54	<input checked="" type="checkbox"/>	Garbage & refuse disposal						
55	<input checked="" type="checkbox"/>	Facilities installed, maintained, & clean						
56	<input checked="" type="checkbox"/>	Ventilation & lighting						
57	<input checked="" type="checkbox"/>	Permit, Fees, Application, Plans						

Person In Charge (Print & Signature) **RALPH PEREIRA** *R. Pereira* Date: **5/31/19**

Inspector (Print & Signature) **John Green** *John Green* Phone: **876 3943**

Food Establishment Inspection Report

Name of Establishment:

Plantation Key School

Permit Number:

1776171

Date:

5-31-19

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Reach in	35				
Reach in	40				
Pizza	147				
Microwave	150				
Reach in	34				
Milk in cooler	38				
Milk in cooler	39				

OBSERVATIONS AND CORRECTIVE ACTIONS

Violations cited in this report must be corrected

Violation Number

No violations. No items expired.

Person in Charge (Signature)

D. Owens

Date

5/31/19

Inspector (Signature)

[Signature]

Date

5-31-19

Page 2 of 7