

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	<input type="checkbox"/> Short-term Res Treat

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 <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Incomplete <input type="checkbox"/> Closure <input type="checkbox"/> Out of Business		Correct by:	
Address: <u>100 Lake Rd</u>		City: <u>Tavernier</u>					Next Routine Inspection	
ZIP Code: <u>33070</u>	Name of Person in Charge: <u>Dawn Tucci</u>				8 A.M. on _____		(Date)	
Telephone: <u>853-3226</u>	Person in Charge Email:				Number of Risk Factors/Intervention Violations Marked "OUT" (Items 1-29) <u>0</u>			Number of Repeat Violations (1-57 R) <u>0</u>
Date (MM/DD/YY): <u>2-19-2020</u>	Begin Time AM/PM: <u>9:40</u>	End Time AM/PM: <u>10:15</u>	Permit Number: <u>1776171</u>	Position Number: <u>81052</u>				

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

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.

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	
Safe Food and Water											
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30 <input checked="" type="checkbox"/> Pasteurized eggs used where required		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"/> Splash-resistant/cloth gloves used properly		47 <input checked="" type="checkbox"/> Utensils, Equipment and Vending	
31 <input checked="" type="checkbox"/> Water & ice from approved source		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"/> Splash-resistant/cloth gloves used properly		47 <input checked="" type="checkbox"/> Utensils, Equipment and Vending		48 <input checked="" type="checkbox"/> Warewashing installed, maintained, used, test strips	
32 <input checked="" type="checkbox"/> Variance obtained for special processing		45 <input checked="" type="checkbox"/> Single-use/single service articles, stored & used		46 <input checked="" type="checkbox"/> Splash-resistant/cloth gloves used properly		47 <input checked="" type="checkbox"/> Utensils, Equipment and Vending		48 <input checked="" type="checkbox"/> Warewashing installed, maintained, used, test strips		49 <input checked="" type="checkbox"/> Non-food contact surfaces clean	
Food Temperature Control											
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33 <input checked="" type="checkbox"/> Proper cooling methods, adequate equipment		48 <input checked="" type="checkbox"/> Warewashing installed, maintained, used, test strips		49 <input checked="" type="checkbox"/> Non-food contact surfaces clean		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	
34 <input checked="" type="checkbox"/> Plant food properly cooked for hot holding		49 <input checked="" type="checkbox"/> Non-food contact surfaces clean		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	
35 <input checked="" type="checkbox"/> Approved thawing methods		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	
36 <input checked="" type="checkbox"/> Thermometers provided & accurate		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	
Food Identification											
37 <input checked="" type="checkbox"/> Food properly labeled: original container		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	
Prevention of Food Contamination											
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38 <input checked="" type="checkbox"/> Insects, rodents, & animals not present		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	
39 <input checked="" type="checkbox"/> No Contamination (preparation, storage, display)		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			
40 <input checked="" type="checkbox"/> Personal cleanliness		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					
41 <input checked="" type="checkbox"/> Wiping cloths: properly used & stored		56 <input checked="" type="checkbox"/> Ventilation & lighting		57 <input checked="" type="checkbox"/> Permit, Fees, Application, Plans							
42 <input checked="" type="checkbox"/> Washing fruits & vegetables		57 <input checked="" type="checkbox"/> Permit, Fees, Application, Plans									

Person in Charge (Print & Signature) Ralph Pereira Date: 2/19/2020
 Inspector (Print & Signature) Alvin... Phone: 676 3407

Food Establishment Inspection Report

Name of Establishment:

Plantation Key School

Permit Number:

1776171

Date:

2/19/2020

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Rice	45				
Meat ball	145				
Wurstburger Steak	175				
Chicken nuggets	45				
Sweet potatoe	145				
Roach in	38				
Walk in freezer	4				
Walk in fridge	38				

OBSERVATIONS AND CORRECTIVE ACTIONS

Violations cited in this report must be corrected

Violation Number

No violations

Person in Charge (Signature)

[Signature]

Date

2/19/2020

Inspector (Signature)

[Signature]

Date

2/19/2020

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