

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
					<input type="checkbox"/> Transitional Living Fac

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

Name of Establishment: <u>Bowling Green Elementary</u>				RESULTS:		Correct by:	
Address: <u>4530 Church st</u> City: <u>Bowling Green</u>				<input checked="" type="checkbox"/> Satisfactory		<input checked="" type="checkbox"/> Next Routine Inspection	
ZIP Code: <u>33839</u>		Name of Person in Charge: <u>Patty Jones</u>		<input type="checkbox"/> Unsatisfactory		<input type="checkbox"/> 8 A.M. on _____	
Telephone: _____		Person in Charge Email: _____		<input type="checkbox"/> Incomplete		(Date)	
Date (MM/DD/YY)	Begin Time (AM/PM)	End Time (AM/PM)	Permit Number	Position Number	<input type="checkbox"/> Closure	Number of Risk Factors/Intervention Violations Marked "OUT" (Items 1-28) <u>0</u>	
<u>2/24/19</u>	<u>1145</u>	<u>1245</u>	<u>2548-0002</u>	<u>6425</u>	<input type="checkbox"/> Out of Business	Number of Repeat Violations (1-57 R) <u>1</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	N/A	N/O	IN	OUT	N/A	N/O
Supervision				Protection from Contamination			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 <input checked="" type="checkbox"/> Certified Manager/Person in Charge present				16 <input checked="" type="checkbox"/> Food-contact surfaces; cleaned & sanitized			
Employee Health				Time/Temperature Control for Safety			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 <input checked="" type="checkbox"/> Knowledge, responsibilities and reporting				17 <input type="checkbox"/> Proper disposal of unsafe food			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 <input checked="" type="checkbox"/> Responding to vomiting & diarrheal events				19 <input checked="" type="checkbox"/> Reheating procedures for hot holding			
Good Hygienic Practices				Consumer Advisory			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 <input checked="" type="checkbox"/> Proper eating, tasting, drinking, or tobacco use				20 <input checked="" type="checkbox"/> Cooling time and temperature			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 <input checked="" type="checkbox"/> No discharge from eyes, nose, and mouth				21 <input checked="" type="checkbox"/> Hot holding temperatures			
Preventing Contamination by Hands				Highly Susceptible Populations			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 <input checked="" type="checkbox"/> Hands clean & properly washed				22 <input checked="" type="checkbox"/> Cold holding temperatures			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 <input checked="" type="checkbox"/> No bare hand contact with RTE food				23 <input checked="" type="checkbox"/> Date marking and disposition			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 <input checked="" type="checkbox"/> Handwashing sinks, accessible & supplies				24 <input type="checkbox"/> Time as PHC; procedures & records			
Approved Source				Additives and Toxic Substances			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 <input checked="" type="checkbox"/> Food obtained from approved source				25 <input type="checkbox"/> Advisory for raw/undercooked food			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 <input checked="" type="checkbox"/> Food received at proper temperature				26 <input type="checkbox"/> Pasteurized foods used; No prohibited foods			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 <input checked="" type="checkbox"/> Food in good condition, safe, & unadulterated				27 <input type="checkbox"/> Food additives: approved & properly used			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 <input checked="" type="checkbox"/> Shellstock tags & parasite destruction				28 <input type="checkbox"/> Toxic substances identified, stored, & used			
Approved Procedures				Approved Procedures			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 <input checked="" type="checkbox"/> Variance/specialized process/HACCP				29 <input type="checkbox"/> Variance/specialized process/HACCP			

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.

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.

GOOD RETAIL PRACTICES

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

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

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) <u>Patty Jones Patty Jones</u>	Date: <u>2/24/19</u>
Inspector (Print & Signature) <u>Kevin King Kevin King</u>	Phone: <u>867-473-6050</u>

Food Establishment Inspection Report

Name of Establishment: Bowling Green Elementary	Permit Number: 25-48-00002	Date: 2/24/19
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TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Pizza / line	139°				
waste / potatoes / line	177°				

OBSERVATIONS AND CORRECTIVE ACTIONS

Violations cited in this report must be corrected

Violation Number	Description
37	item (cinnamon sugar) not labeled in dry storage (POS) <i>corrected on site</i>
55	* clean lights in dry storage (dead insects) and clean lights in eating area near doors (dead insects) (R) - office area * Freezer door not sealing, provide a proper seal
39	* donut boxes being dipped in cinnamon sugar, to sum do sift out donut box pants <i>corrected on site</i>

Sanitize 700 ppm

By typing my signature, in the signature spaces 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. 668.09, Fla. Stat. (2017) and 15 U.S.C. s. 7001 (2000).

Person in Charge (Signature) *Patty Ours*

Inspector (Signature) *[Signature]*

Date **2/24/19**

Date **2/24/19**

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