

# Food Establishment Inspection Report

	<b>Facility Type:</b> <input type="checkbox"/> Adult Day Care <input type="checkbox"/> Afterschool Meal Prog <input type="checkbox"/> Assisted Living	<input type="checkbox"/> Bar/Lounge <input type="checkbox"/> Civic <input type="checkbox"/> Crisis Stabilization Unit <input type="checkbox"/> Detention Fac.	<input type="checkbox"/> Domestic Violence <input type="checkbox"/> Fraternal Org. <input type="checkbox"/> Home for Special Services <input type="checkbox"/> Hospice	<input type="checkbox"/> Intermediate Care DD <input type="checkbox"/> Migrant Housing <input type="checkbox"/> Movie Theater	<input type="checkbox"/> PPEC <input type="checkbox"/> Recreational Camp <input type="checkbox"/> Residential Treatment Fac. <input checked="" type="checkbox"/> School	<input type="checkbox"/> Short-term Res Treat <input type="checkbox"/> Transitional Living Fac
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**PURPOSE:**  Routine  Reinspection  Construction  Complaint  Consultation  Change of Ownership  Epidemiology  Temporary Event  Other

<b>Name of Establishment:</b> Hardee Jr High School/Hilltop Elementary				<b>RESULTS:</b> <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Incomplete <input type="checkbox"/> Closure <input type="checkbox"/> Out of Business		<b>Correct by:</b> <input checked="" type="checkbox"/> Next Routine Inspection <input type="checkbox"/> 8 A.M. on _____ (Date)		<b>Stop Safe Issued</b>  _____					
<b>Address:</b> 2401 US Hwy 17 N		<b>City:</b> Wauchula		<b>Name of Person in Charge:</b> Sara Garza		<b>Person In Charge Email:</b>							
<b>ZIP Code:</b> 33873		<b>Telephone:</b> 863-767-0490		<b>Date (MM/DD/YY):</b> 11-18-19		<b>Begin Time (AM/PM):</b> 9:45		<b>End Time (AM/PM):</b> 10:30		<b>Permit Number:</b> 25-48-00024		<b>Position Number:</b> 6425	
				<b>Number of Risk Factors/Intervention Violations Marked "OUT" (Items 1-29):</b> 1		<b>Number of Repeat Violations (1-57 R):</b> 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		COS		R	
IN	OUT	N/A	N/O		
<b>Supervision</b>					
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Demonstration of Knowledge/Training
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Certified Manager/Person in Charge present
<b>Employee Health</b>					
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Knowledge, responsibilities and reporting
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Proper use of restriction and exclusion
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Responding to vomiting & diarrheal events
<b>Good Hygienic Practices</b>					
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Proper eating, tasting, drinking, or tobacco use
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		No discharge from eyes, nose, and mouth
<b>Preventing Contamination by Hands</b>					
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Hands clean & properly washed
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		No bare hand contact with RTE food
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Handwashing sinks, accessible & supplies
<b>Approved Source</b>					
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Food obtained from approved source
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Food received at proper temperature
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Food in good condition, safe, & unadulterated
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 84E-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.

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

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.

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

<b>Person in Charge (Print &amp; Signature)</b> Sara Garza	Date: 11-18-19
<b>Inspector (Print &amp; Signature)</b> Kevin King	Phone: 863-473-6050

# Food Establishment Inspection Report

Name of Establishment: Hardee Jr High School/Hilltop Elementary      Permit Number: 25-48-00024      Date: 11-18-19

## TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Walk in Cooler	39°				
Milk cooler	38°				
Chicken/Rice - Hot holding	141°				
Reach in fridge	35°				
Milk coolers	42, 40, 41				

## OBSERVATIONS AND CORRECTIVE ACTIONS

Violations cited in this report must be corrected

Violation Number

23 → Pulled pork date 11-7-19 - Walk in cooler - out of date -  
Corrected onsite

37 → Prepared sandwiches not dated in Walk in cooler  
Employee sandwiches - OK - PIC

36 Calibrate 2 Thermometers COS

7200ppm on sanitizer

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

Person in Charge (Signature) *David Barze*

Date 11-18-19

Inspector (Signature) *[Signature]*

Date 11/18/19  
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