

# 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

**Name of Establishment:** Hardee Sr High School

**Address:** 830 Altman Rd **City:** Wauchope

**ZIP Code:** 33773 **Name of Person in Charge:** Stephanie Cochran

**Telephone:** \_\_\_\_\_ **Person in Charge Email:** \_\_\_\_\_

Date (MM/DD/YY)	Begin Time AM/PM	End Time AM/PM	Permit Number	Position Number
<u>2/27/19</u>	<u>1200</u>	<u>1250</u>	<u>25-48-00026</u>	<u>6425</u>

<b>RESULTS:</b>	<b>Correct by:</b>	<b>Stop Sale Issued</b>
<input checked="" type="checkbox"/> Satisfactory	<input checked="" type="checkbox"/> Next Routine Inspection	_____
<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> 8 A.M. on _____	(Date)
<input type="checkbox"/> Incomplete	Number of Risk Factors/Intervention Violations Marked "OUT" (Items 1-29) _____	
<input type="checkbox"/> Closure	Number of Repeat Violations (1-67 R) _____	
<input type="checkbox"/> Out of Business		

### 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; 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>					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 <input checked="" type="checkbox"/> Demonstration of Knowledge/Training					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 <input checked="" type="checkbox"/> Certified Manager/Person in Charge present					
<b>Employee Health</b>					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 <input checked="" type="checkbox"/> Knowledge, responsibilities and reporting					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 <input checked="" type="checkbox"/> Proper use of restriction and exclusion					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 <input checked="" type="checkbox"/> Responding to vomiting & diarrheal events					
<b>Good Hygienic Practices</b>					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 <input checked="" type="checkbox"/> Proper eating, tasting, drinking, or tobacco use					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 <input checked="" type="checkbox"/> No discharge from eyes, nose, and mouth					
<b>Preventing Contamination by Hands</b>					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 <input checked="" type="checkbox"/> Hands clean & properly washed					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 <input checked="" type="checkbox"/> No bare hand contact with RTE food					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 <input checked="" type="checkbox"/> Handwashing sinks, accessible & supplies					
<b>Approved Source</b>					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 <input checked="" type="checkbox"/> Food obtained from approved source					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 <input checked="" type="checkbox"/> Food received at proper temperature					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 <input checked="" type="checkbox"/> Food in good condition, safe, & unadulterated					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 <input checked="" type="checkbox"/> Shellstock tags & parasite destruction					

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

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

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

**Inspector (Print & Signature):** Kevin King

**Date:** 2/27/19

**Phone:** 813-473-6050

# Food Establishment Inspection Report

Name of Establishment:

Hardee Sr High School

Permit Number:

25-48-00026

Date:

2/27/19

## TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Cheese bread / line	136°				
Milk coolers	40°				

## OBSERVATIONS AND CORRECTIVE ACTIONS

Violations cited in this report must be corrected

Violation Number

55

Clean ceiling vents. Mgr stated vents are scheduled to be cleaned.

Hot holding temps OK  
San. tr 7:20pm

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 (2008).

Person in Charge (Signature)

*Steph Coe*

Inspector (Signature)

*[Signature]*

Date

2/27/19

Date

2/27/19

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