

Food Establishment Inspection Report

	Facility Type: <input type="checkbox"/> Adult Day Care <input type="checkbox"/> After-school 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 type="checkbox"/> Short-term Res Treat <input type="checkbox"/> Transitional Living Fac
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PURPOSE: <input type="checkbox"/> Routine <input type="checkbox"/> Reinspection <input type="checkbox"/> Construction <input type="checkbox"/> Complaint <input type="checkbox"/> Consultation <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Epidemology <input type="checkbox"/> Temporary Event <input type="checkbox"/> Other		RESULTS:	Correct by:
Name of Establishment: Wauchula Elementary Address: 400 S. Fla Ave City: Wauchula ZIP Code: 33873 Name of Person in Charge: Dianna Garza Telephone: 863-767-0703 Person in Charge Email: DGarza@Hardee.K12.FL.US		<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Incomplete <input type="checkbox"/> Closure <input type="checkbox"/> Out of Business	<input type="checkbox"/> Next Routine Inspection <input type="checkbox"/> 8 A.M. on _____ (Date) Stop Sale Issued Number of Risk Factors/Intervention Violations Marked "OUT" (Items 1-29) <input type="checkbox"/> Number of Repeat Violations (1-57 R) <input type="checkbox"/>

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 & diarrheal 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		

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			
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 cooking 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"/> Parasite, cleanliness		
41	<input checked="" type="checkbox"/> Utensils properly stored, used & washed		
42	<input checked="" type="checkbox"/> Dishcloths & sponges		

Person in Charge (Print & Signature): <u>Dianna Garza</u>	Date: 3/8/19
Inspector (Print & Signature): <u>Kevin King</u>	Phone: 863-473-6050

