

# Food Establishment Inspection Report

Facility Type:  Bar/Lounge  Domestic Violence  Intermediate Care DD  PPEC  
 Adult Day Care  Civic  Fraternal Org.  Migrant Housing  Recreational Camp  Short-term Res Treat  
 Afterschool Meal Prog  Crisis Stabilization Unit  Home for Special Services  Residential Treatment Fac.  Transitional Living Fac  
 Assisted Living  Detention Fac.  Hospice  Movie Theater  School

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

Name of Establishment: Zolfo Springs Elementary RESULTS:  Satisfactory  Unsatisfactory  Incomplete  Closure  Out of Business

Address: 3215 Schoolhouse Rd City: Zolfo Springs Correct by:  Next Routine Inspection  8 A.M. on \_\_\_\_\_ (Date) Stop Sale Issued \_\_\_\_\_

ZIP Code: 33940 Name of Person in Charge: Lisa Boehm Telephone: 843-735-8226 Person in Charge Email: \_\_\_\_\_

Date (MM/DD/YY) 2/24/19 Begin Time (AM/PM) 9:50 End Time (AM/PM) 1:10 Permit Number 29-40-0044 Position Number 6425

Number of Risk Factors/Intervention Violations Marked "OUT" (Items 1-29) 0  
 Number of Repeat Violations (1-57 R) 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	IN OUT N/A N/O	COS	R
<b>Supervision</b>			
<input checked="" type="checkbox"/>	1 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Demonstration of Knowledge/Training		
<input checked="" type="checkbox"/>	2 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Certified Manager/Person in Charge present		
<b>Employee Health</b>			
<input checked="" type="checkbox"/>	3 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Knowledge, responsibilities and reporting		
<input checked="" type="checkbox"/>	4 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Proper use of restriction and exclusion		
<input checked="" type="checkbox"/>	5 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Responding to vomiting & diarrheal events		
<b>Good Hygienic Practices</b>			
<input checked="" type="checkbox"/>	6 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Proper eating, tasting, drinking, or tobacco use		
<input checked="" type="checkbox"/>	7 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No discharge from eyes, nose, and mouth		
<b>Preventing Contamination by Hands</b>			
<input checked="" type="checkbox"/>	8 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Hands clean & properly washed		
<input checked="" type="checkbox"/>	9 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No bare hand contact with RTE food		
<input checked="" type="checkbox"/>	10 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Handwashing sinks, accessible & supplies		
<b>Approved Sources</b>			
<input checked="" type="checkbox"/>	11 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Food obtained from approved source		
<input checked="" type="checkbox"/>	12 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Food received at proper temperature		
<input checked="" type="checkbox"/>	13 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Food in good condition, safe, & unadulterated		
<input checked="" type="checkbox"/>	14 <input checked="" type="checkbox"/> <input 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 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.			
<b>Compliance Status</b>			
IN OUT N/A N/O	IN OUT N/A N/O	COS	R
<b>Protection from Contamination</b>			
<input checked="" type="checkbox"/>	15 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Food separated & protected; single-use gloves		
<input checked="" type="checkbox"/>	16 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Food-contact surfaces, cleaned & sanitized		
<input checked="" type="checkbox"/>	17 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Proper disposal of unsafe food		
<b>Time/Temperature Control for Safety</b>			
<input checked="" type="checkbox"/>	18 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Cooking time & temperatures		
<input checked="" type="checkbox"/>	19 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Reheating procedures for hot holding		
<input checked="" type="checkbox"/>	20 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Cooling time and temperature		
<input checked="" type="checkbox"/>	21 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Hot holding temperatures		
<input checked="" type="checkbox"/>	22 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Cold holding temperatures		
<input checked="" type="checkbox"/>	23 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Date marking and disposition		
<input checked="" type="checkbox"/>	24 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Time as PHC; procedures & records		
<b>Consumer Advisory</b>			
<input checked="" type="checkbox"/>	25 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Advisory for raw/undercooked food		
<b>Highly Susceptible Populations</b>			
<input checked="" type="checkbox"/>	26 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Pasteurized foods used; No prohibited foods		
<b>Additives and Toxic Substances</b>			
<input checked="" type="checkbox"/>	27 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Food additives: approved & properly used		
<input checked="" type="checkbox"/>	28 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Toxic substances identified, stored, & used		
<b>Approved Procedures</b>			
<input checked="" type="checkbox"/>	29 <input checked="" type="checkbox"/> <input 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.

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

Person in Charge (Print & Signature) Lisa Boehm Lisa Boehm Date: 2/24/19

Inspector (Print & Signature) [Signature] Phone: 843-733-0051

