

Food Establishment Inspection Report

Facility Type: <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 type="checkbox"/> School <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"/> Epidemiology <input type="checkbox"/> Temporary Event <input type="checkbox"/> Other	
Name of Establishment: <u>Bowling Green Elementary</u> Address: <u>4530 Church St</u> City: <u>Bowling Green</u> ZIP Code: <u>33839</u> Name of Person in Charge: <u>MARIA BRISCA</u> Telephone: <u>863-375-3999</u> Person in Charge Email: <u>vicky.trepp2001.K12.FL.US</u> Date (MM/DD/YY): <u>10-28-20</u> Begin Time AM/PM: <u>1200</u> End Time AM/PM: <u>1230</u> Permit Number: <u>25-48-00002</u> Position Number: <u>6425</u>	RESULTS: <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Incomplete <input type="checkbox"/> Closure <input type="checkbox"/> Out of Business Correct by: <input checked="" type="checkbox"/> Next Routine Inspection <input type="checkbox"/> 8 A.M. on _____ (Date) Number of Risk Factors/Intervention Violations Marked "OUT" (Items 1-28) _____ Number of Repeat Violations (1-57 R) _____

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		
Supervision					
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					
Employee Health					
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					
Good Hygienic Practices:					
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					
Preventing Contamination by Hands					
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					
Approved Source					
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 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		COS		R	
IN	OUT	N/A	N/O		
Safe Food and Water					
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					
Food Temperature Control					
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					
Food Identification					
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Food properly labeled, original container					
Prevention of Food Contamination					
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					

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. 666.50, Fla. Stat. (2017) and 16 U.S.C. s. 7001 (2000).

Person in Charge (Print & Signature): <u>[Signature]</u> Inspector (Print & Signature): <u>Kevin King</u>	Date: <u>10-28-20</u> Phone: <u>863-473-6051</u>
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