Food Establishment Inspection Report

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

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:** Wauchula

ZIP Code: 33873 **Name of Person in Charge:** Stephanie Cochran

Telephone: 863-767-0215 **Person in Charge Email:**

Date (MM/DD/YY)	Begin Time AM/PM	End Time AM/PM	Permit Number	Position Number
12/15/20	8:20	9:45	25-48-00026	6425

RESULTS: ☑Satisfactory ☐Unsatisfactory ☐Incomplete ☐Closure ☐Out of Business

Correct by: ☐Next Routine Inspection ☐8 A.M. on _____ (Date)

Stop Sale Issued _____

Number of Risk Factors/Intervention Violations Marked "OUT" (Items 1-29): 8

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

Compliance Status							
	IN	OUT	N/A	N/O		COS	R
Protection from Contamination							
15	☑	☐	☐	☐	Food separated & protected; single-use gloves	☐	☐
16	☑	☐			Food-contact surfaces: cleaned & sanitized	☐	☐
17	☐	☐		☑	Proper disposal of unsafe food	☐	☐
Time/Temperature Control for Safety							
18	☑	☐	☐	☐	Cooking time & temperatures	☐	☐
19	☑	☐	☐	☐	Reheating procedures for hot holding	☐	☐
20	☑	☐	☐	☐	Cooling time and temperature	☐	☐
21	☑	☐	☐	☐	Hot holding temperatures	☐	☐
22	☑	☐	☐	☐	Cold holding temperatures	☐	☐
23	☑	☐	☐	☐	Date marking and disposition	☐	☐
24	☐	☐	☑	☐	Time as PHC; procedures & records	☐	☐
Consumer Advisory							
25	☐	☐	☑		Advisory for raw/undercooked food	☐	☐
Highly Susceptible Populations							
26	☑	☐	☐		Pasteurized foods used; No prohibited foods	☐	☐
Additives and Toxic Substances							
27	☐	☐	☑		Food additives: approved & properly used	☐	☐
28	☑	☐	☐		Toxic substances identified, stored, & used	☐	☐
Approved Procedures							
29	☐	☐	☑		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		COS	R
Safe Food and Water							
30	☑	☐	☐	☐	Pasteurized eggs used where required	☐	☐
31	☑	☐	☐	☐	Water & ice from approved source	☐	☐
32	☑	☐	☐	☐	Variance obtained for special processing	☐	☐
Food Temperature Control							
33	☑	☐	☐	☐	Proper cooling methods; adequate equipment	☐	☐
34	☑	☐	☐	☐	Plant food properly cooked for hot holding	☐	☐
35	☑	☐	☐	☐	Approved thawing methods	☐	☐
36	☑	☐	☐	☐	Thermometers provided & accurate	☐	☐
Food Identification							
37	☑	☐	☐	☐	Food properly labeled; original container	☐	☐
Prevention of Food Contamination							
38	☑	☐	☐	☐	Insects, rodents, & animals not present	☐	☐
39	☑	☐	☐	☐	No Contamination (preparation, storage, display)	☐	☐
40	☑	☐	☐	☐	Personal cleanliness	☐	☐
41	☑	☐	☐	☐	Wiping cloths: properly used & stored	☐	☐
42	☑	☐	☐	☐	Washing fruits & vegetables	☐	☐

	IN	OUT	N/A	N/O		COS	R
Proper Use of Utensils							
43	☑	☐	☐	☐	Utensils: properly stored	☐	☐
44	☑	☐	☐	☐	Equipment & linens: stored, dried, & handled	☐	☐
45	☑	☐	☐	☐	Single-use/single-service articles: stored & used	☐	☐
46	☑	☐	☐	☐	Slash-resistant/cloth gloves used properly	☐	☐
Utensils, Equipment and Vending							
47	☑	☐	☐	☐	Food & non-food contact surfaces	☐	☐
48	☑	☐	☐	☐	Warewashing: installed, maintained, used; test strips	☐	☐
49	☑	☐	☐	☐	Non-food contact surfaces clean	☐	☐
Physical Facilities							
50	☑	☐	☐	☐	Hot & cold water available; under pressure	☐	☐
51	☑	☐	☐	☐	Plumbing installed; proper backflow devices	☐	☐
52	☑	☐	☐	☐	Sewage & waste water properly disposed	☐	☐
53	☑	☐	☐	☐	Toilet facilities: supplied & cleaned	☐	☐
54	☑	☐	☐	☐	Garbage & refuse disposal	☐	☐
55	☑	☐	☐	☐	Facilities installed, maintained, & clean	☐	☐
56	☑	☐	☐	☐	Ventilation & lighting	☐	☐
57	☑	☐	☐	☐	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 Date: 12-15-20

Inspector (Print & Signature) Kevin King **Phone:** 863-473-6050

FORM DH4023 03/2018