

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

Name of Establishment: Zolfo Springs Elementary
Address: 3215 Schoolhouse Rd **City:** Zolfo Springs
ZIP Code: 33890 **Name of Person in Charge:** Lisa Boehm
Telephone: 863-735-8226 **Person in Charge Email:**
Date (MM/DD/YY) 10-28-20 **Begin Time (AM/PM)** 11:00 **End Time (AM/PM)** 11:30
Permit Number 25-48-00049 **Position Number** 6425

RESULTS:
 Satisfactory
 Unsatisfactory
 Incomplete
 Closure
 Out of Business

Correct by:
 Next Routine Inspection
 8 A.M. on _____ (Date)
 Number of Repeat Violations/Out of Business Violations Marked "OUT" (Items 1-28) _____
 Number of Repeat Violations (1-67) _____

Stop Sale Issued _____

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, & undullerated					
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Shellstock tags & parasite destruction					

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

This form serves as a "Notice of Non-Compliance" pursuant to section 120.895, 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.

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		
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					

Compliance Status		COS		R	
IN	OUT	N/A	N/O		
Proper Use of Utensils					
43	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Utensils: properly stored					
44	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Equipment & linens: stored, dried, & handled					
45	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Single-use/single-service articles: stored & used					
46	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Slash-resistant/cut-resistant gloves used properly					
Utensils, Equipment and Vending					
47	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Food & non-food contact surfaces					
48	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Warewashing: installed, maintained, used, test strips					
49	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Non-food contact surfaces clean					
Physical Facilities					
50	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Hot & cold water available; under pressure					
51	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Plumbing installed; proper backflow devices					
52	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Sewage & waste water properly disposed					
53	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Toilet facilities: supplied & cleaned					
54	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Garbage & refuse disposal					
55	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Facilities installed, maintained, & clean					
56	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Ventilation & lighting					
57	<input checked="" 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. 658.50, Fla. Stat. (2017) and 15 U.S.C. s. 7001 (2008).

Person in Charge (Print & Signature) Lisa Boehm *Lisa Boehm* **Date:** 10-28-20
Inspector (Print & Signature) Kevin King *Kevin King* **Phone:** 813-473-6050