

Food Establishment Inspection Report

Facility Type:	<input type="checkbox"/> Adult Day Care	<input type="checkbox"/> Bar/Lounge	<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Intermediate Care DD	<input type="checkbox"/> PPEC
	<input type="checkbox"/> After-school Meal Prog	<input type="checkbox"/> Civic	<input type="checkbox"/> Fraternal Org.	<input type="checkbox"/> Migrant Housing	<input type="checkbox"/> Recreational Camp
	<input type="checkbox"/> Assisted Living	<input type="checkbox"/> Crisis Stabilization Unit	<input type="checkbox"/> Home for Special Services	<input type="checkbox"/> Movie Theater	<input type="checkbox"/> Residential Treatment Fac.
		<input type="checkbox"/> Detention Fac.	<input type="checkbox"/> Hospice		<input type="checkbox"/> Short-term Res. Treat
					<input type="checkbox"/> Transitional Living Fac.
PURPOSE:	<input checked="" 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: Hardee Jr High School/Hilltop Elementary
Address: 2401 US Hwy 17 N **City:** Wauchula
ZIP Code: 33873 **Name of Person in Charge:** Patrice Baker
Telephone: 863-767-0490 **Person in Charge Email:** PBaker@Hardee.K12.FL.us
Date (MM/DD/YY): 12/9/20 **Begin Time (AM/PM):** 900 **End Time (AM/PM):** 945
Permit Number: 25-48-00024 **Position Number:** 6425

RESULTS:	Correct by:	Stop Sale Issued
<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Next Routine Inspection	
<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> 9 A.M. on _____ (Date)	
<input type="checkbox"/> Incomplete	Number of Risk Factors/Interventions Violations Marked "OUT" (Items 1-29)	
<input type="checkbox"/> Closure	Number of Repeat Violations (1-57 B)	
<input type="checkbox"/> Out of Business		

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		COS		R	
IN	OUT	N/A	N/O		
Supervisor					
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	
Employees/Staff					
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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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	
Prevention 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	

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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Time as PHC; procedures & records	
Consumer Advisory					
25	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Variance/specialized process/HACCP	

This form serves as a "Notice of Non-Compliance" pursuant to section 370.695, Florida Statutes. Items marked as "out" indicate 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Stash-resistant/cloth 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. 688.50, Fla. Stat. (2017) and 15 U.S.C. s. 7001 (2000).

Person in Charge (Print & Signature): Patrice Baker Patrice Baker **Date:** 12/9/20
Inspector (Print & Signature): Kevin King **Phone:** 863-473-6050