

Food Establishment Inspection Report

	Facility Type: <u>Bar/Lounge</u> <u>Domestic Violence</u> <u>PPEC</u>	
	<u>Adult Day Care</u> <u>Civic</u> <u>Fraternal Org.</u> <u>Intermediate Care DD</u> <u>Recreational Camp</u> <u>Short-term Res Treat</u>	<u>Assisted Living</u> <u>Crisis Stabilization Unit</u> <u>Home for Special Services</u> <u>Migrant Housing</u> <u>Residential Treatment Fac.</u> <u>Transitional Living Fac</u>
	<u>After-school Meal Prog</u> <u>Detention Fac.</u> <u>Hospice</u> <u>Movie Theater</u> <u>School</u>	
	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 <input type="checkbox"/> Grade: _____	
Name of Establishment: <u>Lake Wales High School</u>		RESULTS: <input checked="" type="checkbox"/> Satisfactory <input checked="" type="checkbox"/> Next Routine Inspection <input type="checkbox"/> Stop Sale Issued <u>0</u>
Address: <u>1 Highlander Way</u> City: <u>Lake Wales</u>		<input type="checkbox"/> Unsatisfactory <input type="checkbox"/> 8 A.M. on _____ (Date)
ZIP Code: <u>33853</u>	Name of Person in Charge: <u>Janice Maldonado</u>	<input type="checkbox"/> Incomplete
Telephone: <u>863-578-2027</u>	Person in Charge Email: <u>J.Maldonado@slamgmt.com</u>	<input type="checkbox"/> Closure
Date (MM/DD/YY): <u>01/13/21</u>	Begin Time AM/PM: <u>11:05A</u>	End Time AM/PM: <u>12:35P</u>
Permit Number: <u>53-48-00994</u>	Position Number: <u>29341</u>	<input type="checkbox"/> Out of Business
Number of Risk Factors/Intervention Violations Marked "OUT" (Items 1-29) <u>3</u>		
Number of Repeat Violations (1-57 R) <u>1</u>		

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Indicate the compliance status: Mark an "X" under the compliance status, I=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	Compliance Status	IN OUT N/A N/O	COS	R
Supervision				Protection from Contamination			
1	<input checked="" type="checkbox"/>			15	<input checked="" type="checkbox"/>		
	Demonstration of Knowledge/Training			16	<input checked="" type="checkbox"/>		
2	<input checked="" type="checkbox"/>				Food separated & protected; single service gloves		
	Certified Manager/Person in Charge present			17	<input checked="" type="checkbox"/>		
Employee Health				Time/Temperature Control for Safety			
3	<input checked="" type="checkbox"/>			18	<input checked="" type="checkbox"/>		
	Knowledge, responsibilities and reporting			19	<input checked="" type="checkbox"/>		
4	<input checked="" type="checkbox"/>				Cooking time & temperatures		
	Proper use of restriction and exclusion			20	<input checked="" type="checkbox"/>		
5	<input checked="" type="checkbox"/>				Reheating procedures for hot holding		
	Responding to vomiting & diarrheal events			21	<input checked="" type="checkbox"/>		
Good Hygienic Practices				Consumer Advisory			
6	<input checked="" type="checkbox"/>			22	<input checked="" type="checkbox"/>		
	Proper eating, tasting, drinking, or tobacco use				Advisory for raw/undercooked food		
7	<input checked="" type="checkbox"/>			23	<input checked="" type="checkbox"/>		
	No discharge from eyes, nose, and mouth				Highly Susceptible Populations		
Preventing Contamination by Hands				Additives and Toxic Substances			
8	<input checked="" type="checkbox"/>			24	<input checked="" type="checkbox"/>		
	Hands clean & properly washed				Food additives: approved & properly used		
9	<input checked="" type="checkbox"/>			25	<input checked="" type="checkbox"/>		
	No bare hand contact with RTE food				Toxic substances identified, stored, & used		
10	<input checked="" type="checkbox"/>			26	<input checked="" type="checkbox"/>		
	Handwashing sinks, accessible & supplies				Approved Procedures		
Approved Source				Variance/specialized process/HACCP			
11	<input checked="" type="checkbox"/>			27	<input checked="" type="checkbox"/>		
	Food obtained from approved source				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.		
12	<input checked="" type="checkbox"/>			28	<input checked="" type="checkbox"/>		
	Food received at proper temperature			29	<input checked="" type="checkbox"/>		
13	<input checked="" type="checkbox"/>			This form serves as a "Notice of Non-Compliance" pursuant to section 120.95, 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.			
14	<input checked="" type="checkbox"/>						
	Food in good condition, safe, & unadulterated						
15	<input checked="" type="checkbox"/>						
	Shellstock tags & parasite destruction						

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Compliance Status	IN OUT N/A N/O	COS	R	Compliance Status	IN OUT N/A N/O	COS	R
Safe Food and Water				Proper Use of Utensils			
30	<input checked="" type="checkbox"/>			43	<input checked="" type="checkbox"/>		
	Pasteurized eggs used where required				Utensils: properly stored		
31	<input checked="" type="checkbox"/>			44	<input checked="" type="checkbox"/>		
	Water & ice from approved source				Equipment & linens: stored, dried, & handled		
32	<input checked="" type="checkbox"/>			45	<input checked="" type="checkbox"/>		
	Variance obtained for special processing				Single-use/single-service articles: stored & used		
Food Temperature Control				Utensils, Equipment and Vending			
33	<input checked="" type="checkbox"/>			46	<input checked="" type="checkbox"/>		
	Proper cooling methods; adequate equipment				Slash Resistant / cloth gloves used properly		
34	<input checked="" type="checkbox"/>			Physical Facilities			
	Plant food properly cooked for hot holding			50	<input checked="" type="checkbox"/>		
35	<input checked="" type="checkbox"/>				Hot & cold water available; under pressure		
	Approved thawing methods			51	<input checked="" type="checkbox"/>		
36	<input checked="" type="checkbox"/>				Plumbing installed; proper backflow devices		
	Thermometers provided & accurate			52	<input checked="" type="checkbox"/>		
Food Identification					Sewage & waste water properly disposed		
37	<input checked="" type="checkbox"/>			53	<input checked="" type="checkbox"/>		
	Food properly labeled; original container				Toilet facilities: supplied & cleaned		
Prevention of Food Contamination				Physical Facilities			
38	<input checked="" type="checkbox"/>			54	<input checked="" type="checkbox"/>		
	Insects, rodents, & animals not present				Garbage & refuse disposal		
39	<input checked="" type="checkbox"/>			55	<input checked="" type="checkbox"/>		
	No Contamination (preparation, storage, display)				Facilities installed, maintained, & clean		
40	<input checked="" type="checkbox"/>			56	<input checked="" type="checkbox"/>		
	Personal cleanliness				Ventilation & lighting		
41	<input checked="" type="checkbox"/>			57	<input checked="" type="checkbox"/>		
	Wiping cloths: properly used & stored				Permit; Fees; Application; Plans		
42	<input checked="" type="checkbox"/>			Person in Charge (Print & Signature) <u>Janice Maldonado</u> Date: <u>1/13/21</u>			
	Washing fruits & vegetables						

Inspector (Print & Signature) <u>Steven Meadows</u>	Phone: <u>863-578-2027</u>
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Food Establishment Inspection Report

Name of Establishment:

Lake Wales High School

Permit Number:

58-48-00994

Date:

01/13/21

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Beans / Hot holding	140 F				
Milk / Milk Refrigerator	39 F				
Cheese / Reach in Refrigerator	40 F				
Tomato / Walk in Refrigerator	40 F				
Dish thermometer / dishwasher	162 F				

OBSERVATIONS AND CORRECTIVE ACTIONS

Violations cited in this report must be corrected

Violation Number	Description
6	Cold Opened bottle of water was found on shelving above SDM ^{person's} unopened paper towel packages and clean disposable gloves. Food/drink must not be stored above clean food contact surfaces or other potential cross contamination sources. This was moved to an appropriate location during the inspection.
13	2 boxes of salad dressing were found to be expired in dry goods. These were disposed during the inspection.
28	Sterno fuel canisters were found stored above food storage and cooking equipment. Cleaning chemicals were found to be stored above unopened ^{SDM} unopened paper towel packages and boxes of disposable gloves. Chemicals must not be stored in such a way that they may contaminate clean food contact surfaces or cause any form of cross contamination. These were moved to an appropriate location during the inspection.
56	Ventilation in employee bathroom is not working. This must be fixed.
	No other violations observed

Person in Charge (Signature)

X Janice Maldonado

Date

1/13/21

Inspector (Signature)

Steven Meadows

Date

1/13/21