

Food Establishment Inspection Report

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	Facility Type: <input type="checkbox"/> Bar/Lounge <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Intermediate Care DD <input type="checkbox"/> PPEC <input type="checkbox"/> Adult Day Care <input type="checkbox"/> Civic <input type="checkbox"/> Fraternal Org. <input type="checkbox"/> Migrant Housing <input type="checkbox"/> Recreational Camp <input type="checkbox"/> Short-term Res Treat <input type="checkbox"/> Afterschool Meal Prog <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"/> Transitional Living Fac <input type="checkbox"/> Assisted Living <input type="checkbox"/> Detention Fac. <input type="checkbox"/> Hospice <input checked="" type="checkbox"/> School		
	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>Deltora High School</u>		RESULTS: <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Next Routine Inspection <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> 8 A.M. on _____ <input type="checkbox"/> Incomplete (Date) <input type="checkbox"/> Closure Number of Risk Factors/Intervention Violations Marked "OUT" (items 1-29) _____ <input type="checkbox"/> Out of Business Number of Repeat Violations (1-57 R) _____	
Address: <u>100 World Peace Run</u> City: <u>Deltora</u>			
ZIP Code: <u>32725</u>	Name of Person in Charge: <u>Cathy Knowles</u>		
Telephone: <u>386-575-4153</u>	Person in Charge Email: <u>C.Knowles@volusia.k12.fl.us</u>		
Date (MM/DD/YY): <u>01/22/18</u>	Begin Time AM/PM: <u>9:25AM</u>	End Time AM/PM: <u>9:40AM</u>	
Permit Number: <u>6448-00300</u>	Position Number: <u>20647</u>		
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS			
<small>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</small>			
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"/> —	Demonstration of Knowledge/Training	
2	<input checked="" type="checkbox"/> —	Certified Manager/Person in Charge present	
Employee Health		15	<input checked="" type="checkbox"/> —
3	<input checked="" type="checkbox"/> —	Knowledge, responsibilities and reporting	
4	<input checked="" type="checkbox"/> —	Proper use of restriction and exclusion	
5	<input checked="" type="checkbox"/> —	Responding to vomiting & diarrheal events	
Good Hygienic Practices		16	<input checked="" type="checkbox"/> —
6	<input checked="" type="checkbox"/> —	Proper eating, tasting, drinking, or tobacco use	
7	<input checked="" type="checkbox"/> —	No discharge from eyes, nose, and mouth	
Preventing Contamination by Hands		17	<input checked="" type="checkbox"/> —
8	<input checked="" type="checkbox"/> —	Hands clean & properly washed	
9	<input checked="" type="checkbox"/> —	No bare hand contact with RTE food	
10	<input checked="" type="checkbox"/> —	Handwashing sinks, accessible & supplies	
Approved Source		Time/Temperature Control for Safety	
11	<input checked="" type="checkbox"/> —	Food obtained from approved source	
12	<input checked="" type="checkbox"/> —	Food received at proper temperature	
13	<input checked="" type="checkbox"/> —	Food in good condition, safe, & unadulterated	
14	<input checked="" type="checkbox"/> —	Shellstock tags & parasite destruction	
Consumer Advisory		18	<input checked="" type="checkbox"/> —
Highly Susceptible Populations		19	<input checked="" type="checkbox"/> —
Additives and Toxic Substances		20	<input checked="" type="checkbox"/> —
Approved Procedures		21	<input checked="" type="checkbox"/> —
Good Retail Practices		22	<input checked="" type="checkbox"/> —
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.		23	<input checked="" type="checkbox"/> —
Safe Food and Water		24	<input checked="" type="checkbox"/> —
30	<input checked="" type="checkbox"/> —	Pasteurized eggs used where required	
31	<input checked="" type="checkbox"/> —	Water & ice from approved source	
32	<input checked="" type="checkbox"/> —	Variance obtained for special processing	
Food Temperature Control		Consumer Advisory	
33	<input checked="" type="checkbox"/> —	Proper cooling methods; adequate equipment	
34	<input checked="" type="checkbox"/> —	Plant food properly cooked for hot holding	
35	<input checked="" type="checkbox"/> —	Approved thawing methods	
36	<input checked="" type="checkbox"/> —	Thermometers provided & accurate	
Food Identification		Highly Susceptible Populations	
37	<input checked="" type="checkbox"/> —	Food properly labeled; original container	
Prevention of Food Contamination		Additives and Toxic Substances	
38	<input checked="" type="checkbox"/> —	Insects, rodents, & animals not present	
39	<input checked="" type="checkbox"/> —	No Contamination (preparation, storage, display)	
40	<input checked="" type="checkbox"/> —	Personal cleanliness	
41	<input checked="" type="checkbox"/> —	Wiping cloths: properly used & stored	
42	<input checked="" type="checkbox"/> —	Washing fruits & vegetables	
Person in Charge (Print & Signature) <u>Cathy Knowles</u>		Date: <u>1-22-19</u>	
Inspector (Print & Signature) <u>Dense...</u>		Phone: <u>386-736-5090</u>	

Food Establishment Inspection Report

Name of Establishment:

Permit Number:

Date:

Deborah High School

64-48-00300

1-22-18

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
<i>Milk/walk in</i>	<i>39°F</i>	<i>Milk/walk in ref</i>	<i>39°F</i>		
<i>Juice/Refrigerator</i>	<i>37°F</i>				
<i>line</i>					
<i>Plains/Refrigerator</i>	<i>37°F</i>				
<i>Pepper maddy/walk in</i>	<i>39°F</i>				
<i>ref</i>					
<i>Pepper walk in ref</i>	<i>39°F</i>				

OBSERVATIONS AND CORRECTIVE ACTIONS

Violations cited in this report must be corrected

Violation Number

Note 1: Refrigeration Temperature range 37°F - 39°F, Freezer Temperature -4 to -10°F

Note 2: Sanitizer solution 800ppm, Sanitizer 365 200ppm

Note 3: No live roach activity observed, continue Integrated Pest Management.

No violations at time of inspection

Person in Charge (Signature)

Cathy Knowles

Date *1-22-18*

Inspector (Signature)

[Signature]

Date *1-22-18*