

# Food Establishment Inspection Report

	<b>Facility Type:</b>	<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"/> 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"/> Assisted Living	<input type="checkbox"/> Detention Fac.	<input type="checkbox"/> Hospice		<input checked="" type="checkbox"/> School	<input type="checkbox"/> Short-term Res Treat
					<input type="checkbox"/> Transitional Living Fac

**PURPOSE:**  Routine  Reinspection  Construction  Complaint  Consultation  Change of Ownership  Epidemiology  Temporary Event  Other \_\_\_\_\_ Grade: \_\_\_\_\_

<b>Name of Establishment:</b> Discovery Elementary School				<b>RESULTS:</b>		<b>Correct by:</b>	
<b>Address:</b> 975 Abigail Drive		<b>City:</b> Deltona		<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Next Routine Inspection	<b>Step Set Issued</b>	
<b>ZIP Code:</b> 32725		<b>Name of Person in Charge:</b> Stephanie Mulero		<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> 9 A.M. on _____		
<b>Telephone:</b> 386-575-4133		<b>Person in Charge Email:</b> smulero@volusia.k12.fl.us		<input type="checkbox"/> Incomplete	<b>Number of Risk Factors/Interventions Violations Marked "OUT" (max: 1-25)</b>		
<b>Date (MM/DD/YY):</b> 10/17/18	<b>Begin Time AM/PM:</b> 9:35 AM	<b>End Time AM/PM:</b> 11:00 AM	<b>Permit Number:</b> 64-48-00301	<input type="checkbox"/> Closure			<b>Number of Repeat Violations (1-47 R)</b>
			<b>Position Number:</b> 29647	<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. If the act or item was observed to be in compliance, "OK" (if act or item was observed to be in compliance). NO - the act or item was not observed to be in compliance at the time of inspection. N/A - the act or item is not performed by the facility. Mark an "X" in the appropriate box for COS violation corrected on site. Repeat violation from previous inspection.

Compliance Status		COS		R	
IN	OUT	N/A	N/O		
<b>Supervision</b>					
1	<input checked="" type="checkbox"/>				Demonstration of Knowledge/Training
2	<input checked="" type="checkbox"/>				Certified Manager/Person in Charge present
<b>Employee Health</b>					
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
<b>Good Hygienic Practices</b>					
6	<input checked="" type="checkbox"/>				Proper eating, tasting, drinking, or tobacco use
7	<input checked="" type="checkbox"/>				No discharge from eyes, nose, and mouth
<b>Preventing Contamination by Hands</b>					
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
<b>Approved Source</b>					
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

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

This form serves as a Notice of Non-Compliance pursuant to sections 380.006, Florida Statutes. Items marked as "out" violate one or more of the requirements of Chapter 349, Florida Administrative Code or Chapter 321, Florida Statutes. Violations must be corrected within the time period indicated above. Continue operation of this facility without making these corrections is a violation. Failure to correct violations within the time frame specified may result in enforcement action being initiated by the Department of Health.

Risk factors are important factors or conditions identified as the most likely 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		
<b>Safe Food and Water</b>					
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
<b>Food Temperature Control</b>					
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
<b>Food Identification</b>					
37	<input checked="" type="checkbox"/>				Food properly labeled; original container
<b>Prevention of Food Contamination</b>					
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

Compliance Status		COS		R	
IN	OUT	N/A	N/O		
<b>Proper Use of Utensils</b>					
43	<input checked="" type="checkbox"/>				Utensils; properly stored
44	<input checked="" type="checkbox"/>				Equipment & linens; stored, dried, & handled
45	<input checked="" type="checkbox"/>				Single-use/single-service articles; stored & used
46	<input checked="" type="checkbox"/>				Slash-resistant/cloth gloves used properly
<b>Utensils, Equipment and Warehousing</b>					
47	<input checked="" type="checkbox"/>				Food & non-food contact surfaces
48	<input checked="" type="checkbox"/>				Warewashing; installed, maintained, used, test strips
49	<input checked="" type="checkbox"/>				Non-food contact surfaces clean
<b>Physical Facilities</b>					
50	<input checked="" type="checkbox"/>				Hot & cold water available; under pressure
51	<input checked="" type="checkbox"/>				Plumbing installed; proper backflow devices
52	<input checked="" type="checkbox"/>				Sewage & waste water properly disposed
53	<input checked="" type="checkbox"/>				Toilet facilities; supplied & cleaned
54	<input checked="" type="checkbox"/>				Garbage & refuse disposal
55	<input checked="" type="checkbox"/>				Facilities installed, maintained, & clean
56	<input checked="" type="checkbox"/>				Ventilation & lighting
57	<input checked="" type="checkbox"/>				Permit Fees; Application; Plans

<b>Person in Charge (Print &amp; Signature)</b> <i>Stephanie Mulero</i>	<b>Date:</b> 10/17/18
<b>Inspector (Print &amp; Signature)</b> <i>[Signature]</i>	<b>Phone:</b> 386-736-5080

