

Food Establishment Inspection Report

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

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

Name of Establishment: Manatee Cove Elementary School					RESULTS:		Correct by:	
Address: 734 W. Ohio Avenue					<input checked="" type="checkbox"/> Satisfactory		<input type="checkbox"/> Next Routine Inspection	
city: Orange City					<input type="checkbox"/> Unsatisfactory		<input type="checkbox"/> B.A.M. on _____	
ZIP Code: 32763					<input type="checkbox"/> Incomplete		<input type="checkbox"/> (Date)	
Telephone: 386-968-0004					<input type="checkbox"/> Closure		<input type="checkbox"/> Stop Sale Issued	
Name of Person in Charge: Emy Ayala					<input type="checkbox"/> Out of Business		Number of Risk Factors/Intervention Violations Marked "OUT" (Items 1-29):	
Person in Charge Email: erayalaa@volusia.k12.fl.us							Number of Repeat Violations (1-52 R):	
Date (MM/DD/YY): 10/30/18	Begin Time AM/PM: 10:00 AM	End Time AM/PM: 11:40 AM	Permit Number: 64-48-01901	Position Number: 29647				

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Indicate the compliance status. Mark an "X" under the compliance status. If the action 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 action item is not performed by the facility. Mark an "X" in the appropriate box for "COS" violation code and "R" for repeat violation from previous inspection.

Compliance Status		COS		R	
IN	OUT	N/A	N/O		
Supervision					
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Demonstration of Knowledge/Training
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Certified Manager/Person in Charge present
Employee Health					
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Knowledge, responsibilities and reporting
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Proper use of restriction and exclusion
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Responding to vomiting & diarrheal events
Good Hygienic Practices					
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Proper eating, tasting, drinking, or tobacco use
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>			No discharge from eyes, nose, and mouth
Preventing Contamination by Hands					
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Hands clean & properly washed
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>			No bare hand contact with RTE food
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Handwashing sinks, accessible & supplies
Approved Source					
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Food obtained from approved source
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Food received at proper temperature
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Food in good condition, safe, & unadulterated
14	<input checked="" 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"/>			Food separated & protected, single-use gloves
16	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Food-contact surfaces, cleaned & sanitized
17	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Proper disposal of unsafe food
Time/Temperature Control for Safety					
18	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Cooking time & temperatures
19	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Reheating procedures for hot holding
20	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Cooling time and temperature
21	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Hot holding temperatures
22	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Cold holding temperatures
23	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Date marking and disposition
24	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Time as PHC, procedures & records
Consumer Advisory					
25	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Advisory for raw/undercooked food
Highly Susceptible Populations					
26	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Pasteurized foods used; No prohibited foods
Additives and Toxic Substances					
27	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Food additives: approved & properly used
28	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Toxic substances identified, stored, & used
Approved Procedures					
29	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Variance/specialized process/HACCP

Items from ServSafe National Non-Compliance Inspection Report (2018) Florida Statutes, items marked as "out" violate one or more of the requirements of Chapter 349, the Florida Administrative Code or Chapter 391, 392, 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 & procedures that lead to the most prevalent contributing factors of foodborne illness. Public health interventions are control measures to prevent foodborne illness or injury.

GOOD RETAIL PRACTICES

Good Retail Practices are preventive 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"/>			Pasteurized eggs used where required
31	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Water & ice from approved source
32	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Variance obtained for special processing
Food Temperature Control					
33	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Proper cooling methods, adequate equipment
34	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Plant food properly cooked for hot holding
35	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Approved thawing methods
36	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Thermometers provided & accurate
Food Identification					
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Food properly labeled, original container
Prevention of Food Contamination					
38	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Insects, rodents, & animals not present
39	<input checked="" type="checkbox"/>	<input type="checkbox"/>			No Contamination (preparation, storage, display)
40	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Personal cleanliness
41	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Wiping cloths: properly used & stored
42	<input checked="" 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"/>			Utensils: properly stored
44	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Equipment & linens: stored, dried, & handled
45	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Single-use/single-service articles: stored & used
46	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Slash-resistant/cloth gloves used properly
Utensils, Equipment and Wareing					
47	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Food & non-food contact surfaces
48	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Warewashing: installed, maintained, used, test strips
49	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Non-food contact surfaces clean
Physical Facilities					
50	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Hot & cold water available, under pressure
51	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Plumbing installed; proper backflow devices
52	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Sewage & waste water properly disposed
53	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Toilet facilities: supplied & cleaned
54	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Garbage & refuse disposal
55	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Facilities installed, maintained, & clean
56	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Ventilation & lighting
57	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Permit Fees; Application; Plans

Person In Charge (Print & Signature): Emy R. Ayala Aguirre *Emy R. Ayala* Date: 10/30/18

Inspector (Print & Signature): *James Dease* Phone: 386-736-5080

