# STATE OF FLORIDA DEPARTMENT OF HEALTH **COUNTY HEALTH DEPARTMENT FOOD SERVICE INSPECTION REPORT**



**RESULT:** Satisfactory **Facility Information** 

Permit Number: 27-48-00021

Name of Facility: Dolores Parrott Middle School

Address: 19220 Youth Drive City, Zip: Brooksville 34601

Type: School (more than 9 months) Owner: Hernando County School Board

Person In Charge: Julie Brown Phone: (352) 797-7028

PIC Email: brown\_j1@hcsb.k12.fl.us

## **Inspection Information**

Purpose: Routine Number of Risk Factors (Items 1-29): 1 Begin Time: 08:40 AM Inspection Date: 12/4/2019 End Time: 09:35 AM Number of Repeat Violations (1-57 R): 0

Correct By: Next Inspection FacilityGrade: N/A Re-Inspection Date: None StopSale: No

Marking Key: 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; COS=violation corrected on site; R=repeat violation from previous inspection

# **FoodBorne Illness Risk Factors And Public Health Interventions**

#### SUPERVISION

- **OUT** 1. Demonstration of Knowledge/Training
  - IN 2. Certified Manager/Person in charge present **EMPLOYEE HEALTH**

  - IN 3. Knowledge, responsibilities and reporting
  - N 4. Proper use of restriction and exclusion
  - IN 5. Responding to vomiting & diarrheal events **GOOD HYGIENIC PRACTICES**
  - IN 6. Proper eating, tasting, drinking, or tobacco use
  - N 7. No discharge from eyes, nose, and mouth PREVENTING CONTAMINATION BY HANDS
  - IN 8. Hands clean & properly washed
  - No bare hand contact with RTE food
  - IN 10. Handwashing sinks, accessible & supplies APPROVED SOURCE
  - IN 11. Food obtained from approved source
- NO 12. Food received at proper temperature
- IN 13. Food in good condition, safe, & unadulterated
- NA 14. Shellstock tags & parasite destruction PROTECTION FROM CONTAMINATION
- 15. Food separated & protected; Single-use gloves (COS)

- IN 16. Food-contact surfaces; cleaned & sanitized
- NO 17. Proper disposal of unsafe food

## TIME/TEMPERATURE CONTROL FOR SAFETY

- 18. Cooking time & temperatures
- NO 19. Reheating procedures for hot holding
- NO 20. Cooling time and temperature
- IN 21. Hot holding temperatures
- N 22. Cold holding temperatures
- IN 23. Date marking and disposition
- NA 24. Time as PHC; procedures & records

# CONSUMER ADVISORY

NA 25. Advisory for raw/undercooked food

# HIGHLY SÚSCEPTIBLE POPULATIONS

- IN 26. Pasteurized foods used; No prohibited foods
  - **ADDITIVES AND TOXIC SUBSTANCES**
- **IN** 27. Food additives: approved & properly used
- 28. Toxic substances identified, stored, & used

# APPROVED PROCEDURES

NA 29. Variance/specialized process/HACCP

**Inspector Signature:** 

Client Signature:

Form Number: DH 4023 03/18 27-48-00021 Dolores Parrott Middle School

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# STATE OF FLORIDA DEPARTMENT OF HEALTH COUNTY HEALTH DEPARTMENT FOOD SERVICE INSPECTION REPORT



## **Good Retail Practices**

#### SAFE FOOD AND WATER

IN 30. Pasteurized eggs used where required

IN 31. Water & ice from approved source

NA 32. Variance obtained for special processing

#### FOOD TEMPERATURE CONTROL

**IN** 33. Proper cooling methods; adequate equipment

IN 34. Plant food properly cooked for hot holding

N 35. Approved thawing methods

**IN** 36. Thermometers provided & accurate

#### FOOD IDENTIFICATION

IN 37. Food properly labeled; original container

#### PREVENTION OF FOOD CONTAMINATION

IN 38. Insects, rodents, & animals not present

**IN** 39. No Contamination (preparation, storage, display)

IN 40. Personal cleanliness

IN 41. Wiping cloths: properly used & stored

NO 42. Washing fruits & vegetables

## PROPER USE OF UTENSILS

N 43. In-use utensils: properly stored

IN 44. Equipment & linens: stored, dried, & handled

N 45. Single-use/single-service articles: stored & used

NA 46. Slash resistant/cloth gloves used properly

## UTENSILS, EQUIPMENT AND VENDING

IN 47. Food & non-food contact surfaces

IN 48. Ware washing: installed, maintained, & used; test strips

IN 49. Non-food contact surfaces clean

## **PHYSICAL FACILITIES**

IN 50. Hot & cold water available; adequate pressure

51. Plumbing installed; proper backflow devices

IN 52. Sewage & waste water properly disposed

IN 53. Toilet facilities: supplied, & cleaned IN 54. Garbage & refuse disposal

IN 55. Facilities installed, maintained, & clean

N 56. Ventilation & lighting

IN 57. Permit; Fees; Application; Plans

This form serves as a "Notice of Non-Compliance" pursuant to section 120.695, 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.

# **Violations Comments**

Violation #1. Demonstration of Knowledge/Training

Manager was unable to name all pathogens and allergens.

CODE REFERENCE: 64E-11.003(3). All individuals working in the food establishment have documentation of being trained on Chapter 64E-11, FAC, which relate to their duties and responsibilities.

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# **General Comments**

Inspection during breakfast service.

Walk In Cooler: Yogurt 40 Chopped Lettuce 40 Peeled onion 38 Chopped carrot 40 Milk 39

Reach In Cooler: Chopped salad 38 Tomato Cucumber salad 36 Cheese quesadilla 38 (leftover from yesterday)

Serving Line: Juice 40 Chocolate milk 39 Donut bites 140 Zucchini bread 136 Waffles 142

Warmer in kitchen: Chicken nugget 156 Hamburger patty 135

Previous violations for calibrated thermometer and food storage have been corrected.

Email Address(es): brown\_j1@hcsb.k12.fl.us; lawson\_m@hcsb.k12.fl.us

Inspection Conducted By: Justin Saukko (51454)

Inspector Contact Number: Work: (352) 540-6800 ex. 82147

Print Client Name: J Brown

Date: 12/4/2019

**Inspector Signature:** 

Client Signature:

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