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



Facility Information

RESULT: Satisfactory

Permit Number: 27-48-00029 Name of Facility: Springstead High School Address: 3300 Mariner Boulevard City, Zip: Spring Hill 34609

Type: School (more than 9 months) Owner: Hernando County School Board Person In Charge: Debbie Allison Phone: (352) 797-7028 PIC Email: allison d@hcsb.k12.fl.us

Inspection Information

Purpose: Routine Inspection Date: 12/2/2019 Correct By: Next Inspection **Re-Inspection Date: None** Number of Risk Factors (Items 1-29): 1 Number of Repeat Violations (1-57 R): 0 FacilityGrade: N/A StopSale: No

Begin Time: 10:25 AM End Time: 11:30 AM

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

- IN 1. Demonstration of Knowledge/Training
- N 2. Certified Manager/Person in charge present EMPLOYEE HEALTH
- IN 3. Knowledge, responsibilities and reporting
- IN 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 T. No discharge from eyes, nose, and mouth PREVENTING CONTAMINATION BY HANDS
- IN 8. Hands clean & properly washed
- IN 9. 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
- 14. Shellstock tags & parasite destruction NA

PROTECTION FROM CONTAMINATION

IN 15. Food separated & protected; Single-use gloves

- IN 16. Food-contact surfaces; cleaned & sanitized
- IN 17. Proper disposal of unsafe food TIME/TEMPERATURE CONTROL FOR SAFETY
- 18. Cooking time & temperatures
- IN 19. Reheating procedures for hot holding
- IN 20. Cooling time and temperature
- OUT 21. Hot holding temperatures (COS)
 - IN 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 SUSCEPTIBLE 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 IN APPROVED PROCEDURES
- NA 29. Variance/specialized process/HACCP

Insp	ector	Signa	ature:
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apr

Client Signature:

Form Number: DH 4023 03/18

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

NA 46. Slash resistant/cloth gloves used properly UTENSILS, EQUIPMENT AND VENDING

OUT 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
 - IN 51. Plumbing installed; proper backflow devices
 - IN 52. Sewage & waste water properly disposed
 - N 53. Toilet facilities: supplied, & cleaned

IN 57. Permit; Fees; Application; Plans

IN 54. Garbage & refuse disposal IN 55. Facilities installed, maintained, & clean

N 56. Ventilation & lighting

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 #21. Hot holding temperatures

Chicken legs in warmer at between 112-125 degrees. Manager pulled chicken to heat to temp. during inspection.

CODE REFERENCE: 64E-11.003(2). PHF/TCS foods, which are held hot and not subject to an approved HACCP plan, must be maintained at 135°F.

Violation #47. Food & non-food contact surfaces

Rolling cart has hole in surface, not an easily cleanable surface. Remove equipment from service or use in non-food service operation. CODE REFERENCE: 64E-11.003(4). Equipment and utensils must be properly designed, constructed, and in good repair.

Inspector Signature:

apr

Client Signature:

XPURC

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General Comments

Inspection during lunch service.

Walk In Cooler: Milk 38 Juice 36 Sour cream 36 Sliced cheese 40 Shredded carrot 38

Reach in Cooler Kitchen: Sliced pepperoni 39 Sliced cheese 38 Chopped onion 38 Sliced turkey 40

Warmer at line: Pizza 141 Chicken: 112 removed from hot holding to bring temp up to 156.

Salad Line: Sliced cucumber 45 recently brought from cold holding to salad bar for lunch set up.

Reach In Cooler Line: Juice 38

Email Address(es): allison_d@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: D Allison Date: 12/2/2019

Inspector Signature:

apr

Client Signature:

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