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



**Facility Information** 

**RESULT:** Satisfactory

Permit Number: 31-48-00299

Name of Facility: Sebastian Charter Junior High

Address: 782 Wave Street City, Zip: Sebastian 32958

Type: School (9 months or less) Owner: Sebastian Charter Jr. High

Phone: (772) 388-8838 Person In Charge: Wendy Washington

PIC Email: wendy.washington@indianriverschools.org

Inspection Information

Purpose: Routine Inspection Date: 12/4/2020 Correct By: Next Inspection Re-Inspection Date: None

Number of Risk Factors (Items 1-29): 0 Number of Repeat Violations (1-57 R): 0

FacilityGrade: N/A StopSale: No

Begin Time: 10:30 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
- IN 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
- IN 7. 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
- IN 12. Food received at proper temperature
- IN 13. Food in good condition, safe, & unadulterated
- NA 14. Shellstock tags & parasite destruction 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

- NO 18. Cooking time & temperatures
- NO 19. Reheating procedures for hot holding
- NO 20. Cooling time and temperature
- NO 21. Hot holding temperatures
- IN 22. Cold holding temperatures
- IN 23. Date marking and disposition
  IN 24. Time as PHC; procedures & records
- CONSUMER ADVISORY
- NA 25. Advisory for raw/undercooked food HIGHLY SUSCEPTIBLE POPULATIONS
- NA 26. Pasteurized foods used; No prohibited foods ADDITIVES AND TOXIC SUBSTANCES
- IN 27. Food additives: approved & properly used
- IN 28. Toxic substances identified, stored, & used APPROVED PROCEDURES
- NA 29. Variance/specialized process/HACCP

Inspector Signature:

Client Signature:

mis mis-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

NO 33. Proper cooling methods; adequate equipment

NO 34. Plant food properly cooked for hot holding

NO 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

No Contamination (preparation, storage, display)

IN 40. Personal cleanliness

N 41. Wiping cloths: properly used & stored

IN 42. Washing fruits & vegetables

PROPER USE OF UTENSILS

IN 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

N 51. Plumbing installed; proper backflow devices

IN 52. Sewage & waste water properly disposed

IN 53. Toilet facilities: supplied, & cleaned

N 54. Garbage & refuse disposal

IN 55. Facilities installed, maintained, & clean

IN 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 #47. Food & non-food contact surfaces

Clean drip area in ice machine

CODE REFERENCE: 64E-11.003(4). Equipment and utensils must be properly designed, constructed, and in good repair.

Inspector Signature:

and and

Client Signature:

Form Number: DH 4023 03/18 31-48-00299 Sebastian Charter Junior High

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# **General Comments**

Food is prepared at Sebastian Elementary and is transported to Sebastian Charter. All food is thrown out at the end of the day and dishware is taken back Sebastian Elementary for cleaning.

Observed Time is a Public Health Control log for food that was served that day. Time and temperature is recorded when food leaves temperature control at Sebastian Elementary. Items are placed in warmer and cooler upon arrival for food quality.

Observed calibration logs

Thermometer provided were accurate

Kitchen fridge 28F cheese stick 40F Kitchen fridge 39F cheese stick 39F lce cream freezer -5F Kitchen fridge 38F milk 39F Kitchen fridge 28F juice 39F Milk cooler 40F milk 34F Warmer 150F pasta 147F pizza 136F

Email Address(es): wendy.washington@indianriverschools.org

Inspection Conducted By: Holly Roberson (6467) Inspector Contact Number: Work: (772) 794-7488 ex.

Print Client Name: Date: 12/4/2020

Inspector Signature:

Client Signature:

Form Number: DH 4023 03/18

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