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



**** McFeeKA 12/8/2023 5:25:44 PM ****

Facility Information

RESULT: Satisfactory

Permit Number: 05-48-01421 Name of Facility: Lewis Carroll Elem School Cafeteria Address: 1 Skyline Boulevard City, Zip: Merritt Island 32953

Type: School (9 months or less) Owner: Brevard County School Board Person In Charge: Bonnie Halevy Phone: (321) 454-1060 PIC Email: halleck.bonnie@brevardschools.org

Inspection Information

Purpose: Routine Inspection Date: 12/6/2023 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: 12:47 PM End Time: 01:22 PM

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
- N 5. Responding to vomiting & diarrheal events GOOD HYGIENIC PRACTICES
- NO 6. Proper eating, tasting, drinking, or tobacco use
- 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
- IN 12. Food received at proper temperature
- IN 13. Food in good condition, safe, & unadulterated
- IN 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
- **IN** 18. Cooking time & temperatures
- NO 19. Reheating procedures for hot holding
- **IN** 20. Cooling time and temperature
- IN 21. Hot holding temperatures
- N 22. Cold holding temperatures
- OUT 23. Date marking and disposition N 24. Time as PHC; procedures & records CONSUMER ADVISORY
 - IN 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 IN 28. Toxic substances identified, stored, & used
 - IN 28. Toxic substances identified, stored, & u APPROVED PROCEDURES
 - IN 29. Variance/specialized process/HACCP

Inspector Signature:		Client Signature:
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Form Number: DH 4023 03/18	05-48-01421	Lewis Carroll Elem School Cafeteria

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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
- N 36. Thermometers provided & accurate FOOD IDENTIFICATION
- 37. Food properly labeled; original container IN 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
- 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
- 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 #23. Date marking and disposition Observed foods in WIC & WIF without proper date marking. - COS

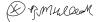
Facility shall ensure foods are properly dated when opened/removed from original food package.

CODE REFERENCE: 64E-11.003(2). PHF/TCS foods, which are RTE and held refrigerated for more than 24 hours, shall be properly date marked unless otherwise exempted.

Inspector	Signature:
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Client Signature:





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General Comments

Routine Inspection No food service at time of Inspection

1 serving line

Hot Foods (Note: Temperatures taken from Temp Log) CKN Poppers 175F Mashed Potatoes 169F Chz Pizza 170F

Milk Cooler 40F Milk 44F - (Facility just completed service)

WIF 26F Stored/covered properly Observed: Foods without proper date marking - COS

WIC 36F Foods stored/covered Observed: Foods without proper date marking - COS

Dry Storage organized/dated/stored properly

Violation corrected onsite

Email Address(es): halllesk.bonnie@brevardschools.org;

Inspection Conducted By: CJ Gerndt (905137) Inspector Contact Number: Work: (321) 615-9401 ex. Print Client Name: B. Halvey Date: 12/6/2023

Inspector Signature:

Client Signature:





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