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



\*\*\*\* McFeeKA 12/8/2023 5:29:29 PM \*\*\*\*

**Facility Information** 

Permit Number: 05-48-00739

Name of Facility: Jefferson Middle School Cafeteria

Address: 1275 S Courtenay Parkway City, Zip: Merritt Island 32952

Type: School (9 months or less) Owner: Brevard County School Board

Person In Charge: Tomala, Evelyn Phone: (321) 453-5154

PIC Email: tomala.evelyn@brevardschools.org

**Inspection Information** 

Purpose: Routine Number of Risk Factors (Items 1-29): 2 Begin Time: 12:14 PM Inspection Date: 12/5/2023 Number of Repeat Violations (1-57 R): 0 End Time: 12:48 PM

Correct By: None 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**

- IN 1. Demonstration of Knowledge/Training
- 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
- 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
- IN 15. Food separated & protected; Single-use gloves

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

## TIME/TEMPERATURE CONTROL FOR SAFETY

**RESULT: Satisfactory** 

- N 18. Cooking time & temperatures
- IN 19. Reheating procedures for hot holding
- IN 20. Cooling time and temperature
- IN 21. Hot holding temperatures
- OUT 22. Cold holding temperatures (COS)
- OUT 23. Date marking and disposition (COS)
  - 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
  - N 27. Food additives: approved & properly used
  - N 28. Toxic substances identified, stored, & used
  - APPROVED PROCEDURES

    IN 29. Variance/specialized process/HACCP

**Inspector Signature:** 

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Client Signature:

Form Number: DH 4023 03/18 05-48-00739 Jefferson Middle 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
- IN 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

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
- IN 42. Washing fruits & vegetables

#### PROPER USE OF UTENSILS

- IN 43. In-use utensils: properly stored
- N 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
- N 51. Plumbing installed; proper backflow devices
- IN 52. Sewage & waste water properly disposed
- IN 53. Toilet facilities: supplied, & cleanedIN 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 #22. Cold holding temperatures

Observed:

Veggie Cups 46F - COS

Tossed Salad 45F - COS

Removed- Plcaed into cooler until time of service

CODE REFERENCE: 64E-11.003(2). PHF/TCS foods, which are held cold, and not subject to an approved HACCP plan, must be maintained at 41°F.

Violation #23. Date marking and disposition

Observed food in RIF with out proper date marking - COS

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

Lunch/Prep Service in Progress

Hot/Cold Line x1 Taco Meat 167F Beans 173F Cheese Sauce 147F

Mixed Greens 46F - COS

Hot/Cold Line x2

Turkey/Gravy 167F Orange CKN 168F Rice 169F

WIC 36F Milk 36F Shredded Carro

Shredded Carrots 41F

WIF

All items store/dated/frozen

Sani-Bucket 400 ppm 3-Sink 400 ppm

Viiolations Corrected on Site

Email Address(es): Tomala.evelyn@brevardschools.org

Inspection Conducted By: CJ Gerndt (905137) Inspector Contact Number: Work: (321) 615-9401 ex.

Print Client Name: E. Tomala

Date: 12/5/2023

**Inspector Signature:** 

@ Duratt

Form Number: DH 4023 03/18

**Client Signature:** 

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