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



\*\*\*\* McFeeKA 1/10/2024 3:31:25 PM \*\*\*\*

**RESULT: Satisfactory Facility Information** 

Permit Number: 05-48-01139

Name of Facility: Ocean Breeze Elem School Cafeteria

Address: 1101 Cheyenne Drive City, Zip: Indian Harbour Beach 32937

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

Person In Charge: Laura Lindsay Phone: (321) 779-2040

PIC Email: lindsay.laura@brevardschools.org

**Inspection Information** 

Purpose: Routine Number of Risk Factors (Items 1-29): 1 Begin Time: 10:40 AM End Time: 11:30 AM Inspection Date: 1/9/2024 Number of Repeat Violations (1-57 R): 0

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
- N 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
- OUT 13. Food in good condition, safe, & unadulterated (COS)
- 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

- NO 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
- IN 23. Date marking and disposition
- NO 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
- N 27. Food additives: approved & properly used
- 28. Toxic substances identified, stored, & used
  - APPROVED PROCEDURES
- NA 29. Variance/specialized process/HACCP

**Inspector Signature:** I Lattord

**Client Signature:** Louis Ardray

Form Number: DH 4023 03/18 05-48-01139 Ocean Breeze Elem School Cafeteria

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



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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

- IN 43. In-use utensils: properly stored
- IN 44. Equipment & linens: stored, dried, & handled
- IN 45. Single-use/single-service articles: stored & used

NO 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
- 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 #13. Food in good condition, safe, & unadulterated

Observed a couple boxes of expired salad dressing in dry storage. Ensure to check expiration dates on a routine basis. COS- Staff discarded salad dressing at time of inspection

CODE REFERENCE: 64E-11.003(1). The food packaging shall not be compromised nor the true appearance, color, or quality of a food be intentionally altered.

# **General Comments**

No violations observed at time of inspection.

City water, city sewer.

Seating capacity- 400 people.

Training completed 8/2023.

Walk-in cooler 35F, walk-in freezer -8F, reach-in cooler 35F, reach-in freezer -6F, milk cooler 40F.

Corn 160F, taco meat 167F, mashed potatoes 168F, chicken nuggets 143F, milk 35F, fresh cut watermelon 44F.

3 compartment sink with quat sanitizer and test strips, 300ppm.

Email Address(es): lindsay.laura@brevardschools.org

Inspection Conducted By: LeeAnn Latford (84449) Inspector Contact Number: Work: (321) 615-9380 ex.

Print Client Name: Laura Lindsay

Date: 1/9/2024

Inspector Signature:

Client Signature:

Form Number: DH 4023 03/18 05-48-01139 Ocean Breeze Elem School Cafeteria