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

PURPOSE: RENTENTION
CONSTRUCT: CHANGE OF OWNER
COMPLAINT: CONSULTATION
QA SURVEY: EPIDEMIOLOGY

NAME: Tarpon Springs Fundamental
ADDRESS: 400 Harrison Street
City: Tarpon Springs
OWNER: Pinellas County Schools
PERSON IN CHARGE: Tessy Stiversson
PHONE: (727) 943-5508
EMAIL: stiversont@pcsb.org, melise@pcsb.org

BEGIN TIME: 09:00, END TIME: 09:50, DATE ASSIGNED: 05/07/2012, POSITION #: 29130, EXISTING FACILITIES - PERMIT NUMBER: 52-48-00193

Items marked below violate the requirements of Chapter 64E-11 of the Florida Administrative Code and must be corrected. Continued operation of this facility without making these corrections is a violation of Chapter 64E-11, Florida Administrative Code and Chapters 381 and 386, Florida Statutes. Violations must be corrected by the date and time indicated in the Results section above or an administrative fine or other legal action will be initiated.

FOOD SUPPLIES: 1. Sources etc.
2. Stale food
3. No further cooking/rapid cooling
4. Raw fruit
5. Raw vegetables
6. Raw meat
7. Raw poultry
8. Raw seafood
9. Least contact/reheating
10. Food container
11. Buffel requirements
12. Self-service condiments
13. Reserves of food

FOOD PROTECTION: 14. Storage cross contamination
15. Storage of food
16. Protection from pests
17. Exclusion of personnel
18. Cleanliness
19. Tobacco use
20. Hand washing
21. Handling of dishes

23. Sinks
24. Ice storage/counterprotector
26. Dishwashing facilities

OTHER FACILITIES AND OPERATIONS: 27. Design and fabrication
28. Installation and location
29. Cleanliness of equipment
30. Methods of washing
31. Water supply
32. Ice
33. Sewage
34. Plumbing
35. Toilet facilities
36. Hand washing facilities
37. Garbage disposal
38. Vermin control

TEMPORARY FOOD SERVICE EVENTS: 39. Other facilities and operations
40. Temporary food service events
41. Vending machines
42. Manager certification
43. Certificates and fees
44. Inspection/Enforcement

COMMENTS AND INSTRUCTIONS
CT: 274.03, Zone: 15
FE: 11/11, FS: 3/12, Hwah: 123°F, Dwah: 30°F, QA+straps, FCs (lighting): 60 at prep area.
Temps: 41°F Milkcooler, 27°F cheese - RIC, 16°F RIF.

** NO VIOLATIONS OBSERVED AT TIME OF INSPECTION **

INSPECTION CONDUCTED BY: Mark Fragola
PHONE: (727) 507-4336 ex. 7928

INSP COND SIGNATURE: Mark Fragola
PHONE: N/A

DATE: 5/7/2012

COPY OF REPORT RECEIVED BY:
Name: Tarpon Springs Fundamental
Date: 5/7/2012
Identification No: 52-48-00193

Comments and Instructions (Continued from Page 1):

Copy of Report
Received By: Inspector Mark Fragola

Page 2