

# FOOD SERVICE

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

Approval: \_\_\_\_\_

28.139236/-82.751820



**PURPOSE:**  
 ROUTINE     REINSPECTION  
 CONSTRUCT.     CHANGE OF OWNER  
 COMPLAINT     CONSULTATION  
 QA SURVEY     EPIDEMIOLOGY  
 OTHER

**TYPE:**  
 HOSPITAL     CIVIC     CHILD  
 NURSING     MOVIE     LIMITED  
 DETENTION     SCHOOL     OTHER  
 LOUNGE     RESIDENTIAL

**RESULTS:**

Satisfactory  
 Incomplete  
 Unsatisfactory  
 OUT OF BUSINESS

Correct Violations by  
 Next Inspection  
 8:00 AM on

**NAME** Tarpon Springs Fundamental

**ADDRESS** 400 Harrison Street    **CITY** Tarpon Springs

**OWNER** Pinellas County Schools    **ZIP** 34689

**PERSON IN CHARGE** Tessy Stiverson    **PHONE** (727) 943-5508

**EMAIL** stiversont@pcsb.org; meilse@pcsb.org

BEGIN TIME	END TIME	DATE ASSESSED	POSITION #	EXISTING FACILITIES - PERMIT NUMBER
09:00	09:50	05/07/2012	29180	52-48-00193

RE-INSPECTION DATE

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.

<p><b>FOOD SUPPLIES</b></p> <input type="checkbox"/> 1. Sources etc. <p><b>FOOD PROTECTION</b></p> <input type="checkbox"/> 2. Stored temperature <input type="checkbox"/> 3. No further cooking/rapid cooling <input type="checkbox"/> 4. Thawing <input type="checkbox"/> 5. Raw fruits <input type="checkbox"/> 6. Pork cooking <input type="checkbox"/> 7. Poultry cooking <input type="checkbox"/> 8. Other animal cooking <input type="checkbox"/> 9. Least contact/reheating <input type="checkbox"/> 10. Food container <input type="checkbox"/> 11. Buffet requirements <input type="checkbox"/> 12. Self-service condiments <input type="checkbox"/> 13. Reservice of food	<input type="checkbox"/> 14. Sneeze guards <input type="checkbox"/> 15. Transportation of food <input type="checkbox"/> 16. Poisonous/toxic materials <p><b>PERSONNEL</b></p> <input type="checkbox"/> 17. Exclusion of personnel <input type="checkbox"/> 18. Cleanliness <input type="checkbox"/> 19. Tobacco use <input type="checkbox"/> 20. Handwashing <input type="checkbox"/> 21. Handling of dishware <p><b>EQUIPMENT/UTENSILS</b></p> <input type="checkbox"/> 22. Refrigeration facilities/Therm. <input type="checkbox"/> 23. Sinks <input type="checkbox"/> 24. Ice storage/counter-protector <input type="checkbox"/> 25. Ventilation/Storage/Sufficient equip. <input type="checkbox"/> 26. Dishwashing facilities	<input type="checkbox"/> 27. Design and fabrication <input type="checkbox"/> 28. Installation and location <input type="checkbox"/> 29. Cleanliness of equipment <input type="checkbox"/> 30. Methods of washing <p><b>SANITARY FACILITIES AND CONTROLS</b></p> <input type="checkbox"/> 31. Water supply <input type="checkbox"/> 32. Ice <input type="checkbox"/> 33. Sewage <input type="checkbox"/> 34. Plumbing <input type="checkbox"/> 35. Toilet facilities <input type="checkbox"/> 36. Handwashing facilities <input type="checkbox"/> 37. Garbage disposal <input type="checkbox"/> 38. Vermin control	<p><b>OTHER FACILITIES AND OPERATIONS</b></p> <input type="checkbox"/> 39. Other facilities and operations <p><b>TEMPORARY FOOD SERVICE EVENTS</b></p> <input type="checkbox"/> 40. Temporary food service events <p><b>VENDING MACHINES</b></p> <input type="checkbox"/> 41. Vending machines <p><b>MANAGER CERTIFICATION</b></p> <input type="checkbox"/> 42. Manager certification <p><b>CERTIFICATES AND FEES</b></p> <input type="checkbox"/> 43. Certificates and fees <p><b>INSPECTION/ENFORCEMENT</b></p> <input type="checkbox"/> 44. Inspection/Enforcement
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**COMMENTS AND INSTRUCTIONS**

CT: 274.02, Zone: 15  
 FE: 11/11, FS: 3/12, Hwash: 123°F, Dwash: 3CS+QA+strips, FCs (lighting): 60 at prep area.  
 Temps: 41°F Milkcooler, 27°F cheese - RIC, 10°F RIF.

\*\*\* NO VIOLATIONS OBSERVED AT TIME OF INSPECTION \*\*\*

INSPECTION CONDUCTED BY: Mark Fragola

INSPECTION COND SIGNATURE: *Mark Fragola*

COPY OF REPORT RECEIVED BY: *Sharon Stani*

PHONE: (727) 507-4336 ex. 7928

PHONE: N/A

DATE: 5/7/2012

STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
COUNTY PUBLIC HEALTH UNIT  
Food Establishment



Name: Tarpon Springs Fundamental

Date: 5/7/2012

Identification No: 52-48-00193

Comments and Instructions (Continued from Page 1):

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Received By:

Inspector Mark Fragola

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