Food Establishment Inspection Report

			•			
Adul- After	t Day CareCivic cschool Meal ProgCrisis Stabilization Unit	Fraternal Org. Home for Special Services	Intermediate Care I Migrant Housing Movie Theater	Recreational	CampShort-term Freatment FacTransitional	
	outineReinspectionConstructionComplain	•	OwnershipEpidem		ventOther	
Name of Establi	shment:			RESULTS:	Correct by:	
Address:			Satisfactory	Next Routine Inspection	Stop Sale	
	Name of Dave on in Charge	City:		Unsatisfactory	8 A.M. on	Issued
ZIP Code:	Name of Person in Charge:			Incomplete	(Date)	
Telephone: Date (MM/DD/YY	Person in Charge Email: (1) Begin Time AM/PM End Time AM/PM	Position Number	Closure	Number of Risk Factors/Intervent		
		Permit Number		Out of Business	Violations Marked "OUT" (items 1 Number of Repeat Violations (1-5	<u> </u>
	FOODBORNE ILL	NESS RISK FACTORS A	ND PUBLIC HEALT	H INTERVENTION:		· · · · ·
compliance; NO=	pliance status: Mark an "X" under the compliance status the act or item was not observed to be occurring at	t the time of inspection; NA=th	e act or item is not pe	·		of
Compliance St	e appropriate box for: COS=violation corrected on s	site; R=repeat violation from p	Compliance Status			
IN OUT N/A		COS R	IN OUT N/A N/C			COS R
1	Supervision Decreased and the state of the second and th		4.5		rotoctod: single-use gloves	
2	Demonstration of Knowledge/Training Certified Manager/Person in Charge present		15 16		rotected; single-use gloves ces; cleaned & sanitized	
	Employee Health		17	Proper disposal of u		
3	Knowledge, responsibilities and reporting	Time/Temperature Control for Safety Cooking time & temperatures				
5	Proper use of restriction and exclusion Responding to vomiting & diarrheal events		19	Cooking time & tem Reheating procedur	•	
	Good Hygienic Practices		20	Cooling time and te	mperature	
6 <u> </u>	Proper eating, tasting, drinking, or tobacco uNo discharge from eyes, nose, and mouth	se	21	Hot holding tempera Cold holding tempe		
	Preventing Contamination by Hands		23	Date marking and d		
8 — — —	Hands clean & properly washed		24	Time as PHC; proce	edures & records r Advisory	
10	No bare hand contact with RTE foodHandwashing sinks, accessible & supplies		25	Advisory for raw/und		
	Approved Source				ible Populations	
11	Food obtained from approved source Food received at proper temperature		26		sed; No prohibited foods oxic Substances	
13	Food in good condition, safe, & unadulterate	d	27		roved & properly used	
14	Shellstock tags & parasite destruction as a "Notice of Non-Compliance" pursuant to section	on 120 605 Florida	28		lentified, stored, & used	
Statutes. Items m	narked as "out" violate one or more of the requireme	Approved Procedures 29 Variance/specialized process/HACCP				
Violations must be facility without ma	rative Code or Chapter 381.0072, Florida Statutes. be corrected within the time period indicated above. aking these corrections is a violation. Failure to correct in the time period indicated by the second control of the	rect violations in the time he Department of Health.	contributing factors of control measures to	-	cedures identified as the most printer injury. Public health intervention ess or injury.	
	Good Retail Practices are preventative r	measures to control the addition		icals, and physical ohi	iects into foods	
IN OUT N/A		COS R	IN OUT N/A N/C			COS R
	Safe Food and Water			Proper Use of	of Utensils	
30	Pasteurized eggs used where requiredWater & ice from approved source		43	Utensils: properly st	tored : stored, dried, & handled	
32	Variance obtained for special processing		45	•	ervice articles: stored & used	
33	Food Temperature Control		46		n gloves used properly	
34	Proper cooling methods; adequate equipmentPlant food properly cooked for hot holding	nt	47	Food & non-food co	ment and Vending ontact surfaces	
35	Approved thawing methods		48	Warewashing: insta	lled, maintained, used; test strips	
36	Thermometers provided & accurate Food Identification		49	Non-food contact su	urfaces clean ical Facilities	
37	Food properly labeled; original container		50		ailable; under pressure	
20	Prevention of Food Contamination		51		proper backflow devices	
38 39	Insects, rodents, & animals not presentNo Contamination (preparation, storage, disp	lay)	52 53	Sewage & waste was	ater properly disposed plied & cleaned	
40	Personal cleanliness		54	Garbage & refuse d		
41	Washing fruits & vegetables		55 56	Facilities installed, r		
	Washing fruits & vegetables		57	Ventilation & lighting Permit; Fees; Applic	<u> </u>	
			\sim			
Person in Charo	ge (Print & Signature)	5 m			Date:	
Inspector (Print		Joseph	J (Junsler)		Phone:	

	Foo	d Establ	ishment Insp	ection Re	port	
Name of Es	stablishment:		Permit Number:		Date:	
			TEMPERATURE OBSE	RVATIONS		
	Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
	Joseph J. Zusler					
		ORSEF	RVATIONS AND CORRI	FCTIVE ACTIONS		
Violation			Violations cited in this rep			
Violation Number						
	•					
Person in C	Charge (Signature)	V	Samuel Carlotte Carlo		Data	
Person in Charge (Signature) Inspector (Signature)					Date	
Inspector (Signature)					Date	•
FORM DH4023B 03	3/2018				Pageo	†