

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



**Facility Information**

**RESULT: Satisfactory**

Permit Number: 52-48-00203  
Name of Facility: Bay Vista Fundamental Elementary  
Address: 5900 Dr. Martin Luther King Jr Street S  
City, Zip: St Petersburg 33705  
  
Type: School (more than 9 months)  
Owner: Pinellas County Schools-Food Service Area V  
Person In Charge: Jones, Carlmon Phone: (727) 893-2335  
PIC Email: jonescarl@pcsb.org

**Inspection Information**

Purpose: Routine  
Inspection Date: 9/5/2025  
Correct By: Next Inspection  
**Re-Inspection Date: None**

Number of Risk Factors (Items 1-29): 0  
Number of Repeat Violations (1-57 R): 0  
Facility Grade: N/A  
Stop Sale: No

Begin Time: 10:15 AM  
End Time: 11:30 AM

*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  
**NA** 2. Certified Manager/Person in charge present

**EMPLOYEE HEALTH**

- IN** 3. Knowledge, responsibilities and reporting  
**IN** 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  
**IN** 7. No discharge from eyes, nose, and mouth

**PREVENTING CONTAMINATION BY HANDS**

- IN** 8. Hands clean & properly washed  
**IN** 9. 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  
**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**

- NO** 18. Cooking time & temperatures  
**NO** 19. Reheating procedures for hot holding  
**NO** 20. Cooling time and temperature

- IN** 21. Hot holding temperatures

- IN** 22. Cold holding temperatures

- IN** 23. Date marking and disposition

- NA** 24. Time as PHC; procedures & records

**CONSUMER ADVISORY**

- NA** 25. Advisory for raw/undercooked food

**HIGHLY SUSCEPTIBLE POPULATIONS**

- IN** 26. Pasteurized foods used; No prohibited foods

**ADDITIVES AND TOXIC SUBSTANCES**

- NA** 27. Food additives: approved & properly used

- IN** 28. Toxic substances identified, stored, & used

**APPROVED PROCEDURES**

- NA** 29. Variance/specialized process/HACCP

Inspector Signature:

Client Signature:

Form Number: DH 4023 03/18

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**Good Retail Practices**

**SAFE FOOD AND WATER**

- NA** 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  
**NO** 34. Plant food properly cooked for hot holding  
**NO** 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  
**IN** 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

- 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**

- OUT** 50. Hot & cold water available; adequate pressure  
**OUT** 51. Plumbing installed; proper backflow devices (**COS**)  
**IN** 52. Sewage & waste water properly disposed  
**IN** 53. Toilet facilities: supplied, & cleaned  
**IN** 54. Garbage & refuse disposal  
**IN** 55. Facilities installed, maintained, & clean  
**IN** 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 #50. Hot & cold water available; adequate pressure  
No hot (100F) running water at mop sink. Observed mop sink reaching a maximum temperature of 86F at time of inspection.

CODE REFERENCE: 64E-11.003(5)(a). The water source shall be of sufficient capacity to meet the peak hot and cold water demands of the establishment and provide water under pressure.

Violation #51. Plumbing installed; proper backflow devices  
No backflow prevention devices at faucets with hoses attached. Observed no backflow prevention device installed on mop sink faucet with a hose attached at time of inspection. \*\*CORRECTED ON SITE\*\* Hose removed from faucet.

CODE REFERENCE: 64E-11.003(5)(c). Plumbing will be installed and maintained to comply with plumbing requirements, including backflow prevention devices. A mop sink will be provided.

**General Comments**

Notes: HWS- 125F, Food Temps- HH table: mashed potatoes 173F, 2dr HH unit: pizza 162F, 2dr RIC: milk 35F, Milk cooler: milk 41F, Ice cream freezer: frozen, 2dr HH unit: empty, ambient 200F, WIC: juice 35F, WIF: frozen, Equip- HTDM: 165F, 3CS: 400 ppm Quat, 1CS, RR HWS: 109F, Mop sink: 86F, Lighting: 51FC, Fire Extinguisher tagged- 1/2024, Hood/Ansul tagged- 4/2025, CFPM- Melvin Lamar ServSafe #22279764 exp. 6/21/2027.

Email Address(es): jonescarl@pcsb.org;  
lamarm@pcsb.org;  
rennerj@pcsb.org;  
walkerdu@pcsb.org

Inspector Signature:

*mk*

Client Signature:

*mk*

Form Number: DH 4023 03/18

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Inspection Conducted By: Mariah Rockey (29161)  
Inspector Contact Number: Work: (727) 275-6479 ex.  
Print Client Name: Melvin Lamar  
Date: 9/5/2025

Inspector Signature:

Handwritten signature of Mariah Rockey.

Client Signature:

Handwritten signature of Melvin Lamar.