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



RESULT: Satisfactory **Facility Information**

Permit Number: 52-48-2758289 Name of Facility: Clearwater High Address: 1951 Gulf to Bay Boulevard

City, Zip: Clearwater 33764

Type: School (more than 9 months)

Owner: Pinellas County Schools-Food Service Area II

Person In Charge: Florio, Robert Phone: (727) 547-7157

PIC Email: florior@pcsb.org

Inspection Information

Purpose: Routine Number of Risk Factors (Items 1-29): 0 Begin Time: 11:30 AM Inspection Date: 9/15/2025 End Time: 01:00 PM 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
- NA 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
- N 12. Food received at proper temperature
- IN 13. Food in good condition, safe, & unadulterated
- 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
- 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
- 28. Toxic substances identified, stored, & used
 - APPROVED PROCEDURES
- NA 29. Variance/specialized process/HACCP

Inspector Signature:

1/200

Form Number: DH 4023 03/18 52-48-2758289 Clearwater High **Client Signature:**

Yracy Burke

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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

N 35. Approved thawing methods

IN 36. Thermometers provided & accurate

FOOD IDENTIFICATION

N 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

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

IN 50. Hot & cold water available; adequate pressure

IN 51. Plumbing installed; proper backflow devices

IN 52. Sewage & waste water properly disposed

IN 53. Toilet facilities: supplied, & cleaned

| 54. Garbage & refuse disposal | N 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

No Violation Comments Available

General Comments

Facility is satisfactory, no violations at time of inspection.

Notes:

HWS: 112F

Food temps: 2DRIC: celery cooling 56F, 2DRIC: ambient 36F, 2DRIC: milk 38F, 2DRIC: ambient 36F, HHT: not in use, HHT: not in use, HHT: not in use, CHT: not in use, milk cooler: milk 38F, milk cooler: milk 38F, milk cooler: puice 38F, WIC: juice 38F, WIC: mayonaisse 38F, WIF: frozen, 2DHHU: macaroni 157F, 2DHHU: ambient 188F, 2DHHU: chicken 165F, 2DHHU: ambient 173F, 1DHHU: macaroni 158F, order received: feta cheese 36F, thawing: baked beans still frozen

Equip: HTDM: 162F, 3CS: 400ppm quat, sanitizer bucket: 200ppm quat, sanitizer bucket: 400ppm quat, lighting: 103FC, RRHWS: 103F

FE: 02/2025 Hood: 04/2025 CPFM: exempt

Email Address(es): robinsonburket@pcsb.org;

florior@pcsb.org; montezc@pcsb.org; walkerdu@pcsb.org

Inspector Signature:

1/200

Client Signature:

Ynacy Burke

Form Number: DH 4023 03/18 52-48-2758289 Clearwater High

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Inspection Conducted By: Taigan Ridenour (29176) Inspector Contact Number: Work: (727) 275-6472 ex.

Print Client Name: Tracy Robinson-Burke

Date: 9/15/2025

Inspector Signature:

Form Number: DH 4023 03/18 52-48-2758289 Clearwater High

Client Signature:

Yhary Burke