Facility Information

Permit Number: 52-48-00202
Name of Facility: Bay Point Middle
Address: 2151 62nd Avenue S
City, Zip: St Petersburg 33712

Type: School (more than 9 months)
Owner: Pinellas County Schools-Food Service Area III
Person In Charge: Ware, Cameshia          Phone: (727) 893-1153
PIC Email: warecam@pcsb.org

RESULT: Satisfactory

Inspection Information

Purpose: Routine
Inspection Date: 1/20/2023
Correct By: None
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: 03:30 PM
End Time: 04:15 PM

Foodborne Illness Risk Factors And Public Health Interventions

SUPERVISION
IN 1. Demonstration of Knowledge/Training
IN 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

ADVANCED SOURCE
NO 12. Food received at proper temperature

IN 13. Food in good condition, safe, & unadulterated

IN 14. Shellstock tags & parasite destruction

PROTECTION FROM CONTAMINATION
IN 15. Food separated & protected; Single-use gloves
IN 16. Food-contact surfaces; cleaned & sanitized

TIME/TEMPERATURE CONTROL FOR SAFETY
NO 17. Proper disposal of unsafe food
IN 18. Cooking time & temperatures
NO 19. Reheating procedures for hot holding
NO 20. Cooling time and temperature
NO 21. Hot holding temperatures
IN 22. Cold holding temperatures

CONSUMER ADVISORY
NA 23. Date marking and disposition
NA 24. Time as PHC; procedures & records

HIGHLY SUSCEPTIBLE POPULATIONS
NA 25. Advisory for raw/undercooked food

ADDITIVES AND TOXIC SUBSTANCES
IN 26. Pasteurized foods used; No prohibited foods

APPROVED PROCEDURES
IN 27. Food additives: approved & properly used
IN 28. Toxic substances identified, stored, & used

NA 29. Variance/specialized process/HACCP

Inspector Signature:

Client Signature:

Form Number: DH 4023   03/18
52-48-00202 Bay Point Middle

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

Good Retail Practices

<table>
<thead>
<tr>
<th>SAFE FOOD AND WATER</th>
<th>IN</th>
<th>UTENSILS, EQUIPMENT AND VENDING</th>
</tr>
</thead>
<tbody>
<tr>
<td>30. Pasteurized eggs used where required</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>31. Water &amp; ice from approved source</td>
<td>IN</td>
<td></td>
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<tr>
<td>32. Variance obtained for special processing</td>
<td>NA</td>
<td></td>
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<tr>
<td>FOOD TEMPERATURE CONTROL</td>
<td></td>
<td></td>
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<tr>
<td>33. Proper cooling methods; adequate equipment</td>
<td>IN</td>
<td></td>
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<tr>
<td>34. Plant food properly cooked for hot holding</td>
<td>NO</td>
<td></td>
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<tr>
<td>35. Approved thawing methods</td>
<td>IN</td>
<td></td>
</tr>
<tr>
<td>36. Thermometers provided &amp; accurate</td>
<td>IN</td>
<td></td>
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<tr>
<td>FOOD IDENTIFICATION</td>
<td></td>
<td></td>
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<tr>
<td>37. Food properly labeled; original container</td>
<td>IN</td>
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<tr>
<td>PREVENTION OF FOOD CONTAMINATION</td>
<td></td>
<td></td>
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<tr>
<td>38. Insects, rodents, &amp; animals not present</td>
<td>IN</td>
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<tr>
<td>39. No Contamination (preparation, storage, display)</td>
<td>IN</td>
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<tr>
<td>40. Personal cleanliness</td>
<td>IN</td>
<td></td>
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<tr>
<td>41. Wiping cloths: properly used &amp; stored</td>
<td>IN</td>
<td></td>
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<tr>
<td>42. Washing fruits &amp; vegetables</td>
<td>IN</td>
<td></td>
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<tr>
<td>PROPER USE OF UTENSILS</td>
<td></td>
<td></td>
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<tr>
<td>43. In-use utensils: properly stored</td>
<td>IN</td>
<td></td>
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<tr>
<td>44. Equipment &amp; linens: stored, dried, &amp; handled</td>
<td>IN</td>
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<tr>
<td>45. Single-use/single-service articles: stored &amp; used</td>
<td>IN</td>
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<tr>
<td>46. Slash resistant/cloth gloves used properly</td>
<td>IN</td>
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<tr>
<td>47. Food &amp; non-food contact surfaces</td>
<td>IN</td>
<td></td>
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<tr>
<td>48. Ware washing: installed, maintained, &amp; used; test strips</td>
<td>IN</td>
<td></td>
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<tr>
<td>49. Non-food contact surfaces clean</td>
<td>IN</td>
<td></td>
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<tr>
<td>PHYSICAL FACILITIES</td>
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<tr>
<td>50. Hot &amp; cold water available; adequate pressure</td>
<td>IN</td>
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<tr>
<td>51. Plumbing installed; proper backflow devices</td>
<td>IN</td>
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<tr>
<td>52. Sewage &amp; waste water properly disposed</td>
<td>IN</td>
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<tr>
<td>53. Toilet facilities: supplied, &amp; cleaned</td>
<td>IN</td>
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<tr>
<td>54. Garbage &amp; refuse disposal</td>
<td>IN</td>
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<tr>
<td>55. Facilities installed, maintained, &amp; clean</td>
<td>IN</td>
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<td>56. Ventilation &amp; lighting</td>
<td>IN</td>
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<tr>
<td>57. Permit; Fees; Application; Plans</td>
<td>IN</td>
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</tbody>
</table>

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
No violations at time of inspection.

Notes: HWS 100F, WIC ranch 38F, WIF frozen, 2DRIC (5324) milk 37F, 2DH (5326) empty 180F ambient air, 2DRIC (SL) milk 38F, 2DRIC (SL) milk 35F, 2DH (5327) empty 200F ambient air, 4CS 400ppm QA, Sani bucket 200ppm QA, 65FC, MS 100F, RR HWS 100F, FE 11/2022, Hood/Ansul 11/2022.

CPFM- Sharon Robinson SS# 16842919 Exp: 08/30/2023.

Email Address(es): mahoneybria@pcsb.org;
robinsonsha@pcsb.org;
warecam@pcsb.org

Inspection Conducted By: Javier Torres Navarro (29180)
Inspector Contact Number: Work: (727) 275-6475 ex.
Print Client Name: Sharon Robinson
Date: 1/20/2023

Inspector Signature:

Client Signature:

Form Number: DH 4023 03/18 52-48-00202 Bay Point Middle

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