Facility Information

Permit Number: 52-48-00528
Name of Facility: Calvin Hunsinger Exceptional
Address: 1863 Betty Lane N
City, Zip: Clearwater 33755

Type: School (more than 9 months)
Owner: Pinellas County Schools-Food Service Area V
Person In Charge: Urquhard, Jessica Phone: (727) 469-4260
PIC Email: urquhartje@pcsb.org

Inspection Information

Purpose: Routine
Inspection Date: 5/1/2023
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: 03:45 PM
End Time: 04:30 PM

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
IN 2. Certified Manager/Person in charge present

EMLOYEE 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

RESULT: Satisfactory
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>Utensils, Equipment and Vending</th>
<th>Food Temperature Control</th>
<th>Food Identification</th>
<th>Prevention of Food Contamination</th>
</tr>
</thead>
<tbody>
<tr>
<td>30. Pasteurized eggs used where required</td>
<td>46. Slash resistant/cloth gloves used properly</td>
<td>33. Proper cooling methods; adequate equipment</td>
<td>37. Food properly labeled; original container</td>
<td>38. Insects, rodents, &amp; animals not present</td>
</tr>
<tr>
<td>31. Water &amp; ice from approved source</td>
<td>34. Food &amp; non-food contact surfaces care</td>
<td>34. Plant food properly cooked for hot holding</td>
<td>38. Variance obtained for special processing</td>
<td>39. No Contamination (preparation, storage, display)</td>
</tr>
<tr>
<td>36. Thermometers provided &amp; accurate</td>
<td>37. Food properly labeled; original container</td>
<td>40. In-use utensils: properly stored</td>
<td>41. Wiping cloths: properly used &amp; stored</td>
<td>42. Washing fruits &amp; vegetables</td>
</tr>
</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 no TCS 35F ambient air, WiFi frozen, 2DRIC (McCall) fruit cup 37F, 2DRIW (Cres Cros) empty 180F ambient air, MC milk 35F, 80FC, 3CS 400ppm QA, MS 110F, RR HWS 100F, FE 01/2023, Hood/Ansul 04/2023.

CPFM: Sherri Hylton SS# 23285242  Exp: 02/20/2028.

No food prepared in kitchen, food delivered from Dunedin Elementary.

Email Address(es): HiresB@pcsb.org; mahoneybria@pcsb.org; urquharje@pcsb.org; alic@pcsb.org

Inspector Signature:  

Client Signature:  

Form Number: DH 4023  03/18  52-48-00528  Calvin Hunsinger Exceptional
Inspection Conducted By: Javier Torres Navarro (29180)
Inspector Contact Number: Work: (727) 275-6475 ex.
Print Client Name: Cornelia Ali
Date: 5/1/2023