

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



RESULT: Satisfactory

Facility Information

Permit Number: 09-48-00020
Name of Facility: Citrus Springs Middle School
Address: 150 W Citrus Springs Boulevard
City, Zip: Citrus Springs 34434

Type: School (more than 9 months)
Owner: Citrus County School Board
Person In Charge: Althea Council Phone: (352) 344-2244
PIC Email:

Inspection Information

Purpose: Routine	Number of Risk Factors (Items 1-29): 1	Begin Time: 11:15 AM
Inspection Date: 9/15/2023	Number of Repeat Violations (1-57 R): 0	End Time: 12:15 PM
Correct By: None	Facility Grade: N/A	
Re-Inspection Date: None	Stop Sale: 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
- 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
- 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

- IN* 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

- OUT* 24. Time as PHC; procedures & records (**COS**)

CONSUMER ADVISORY

- NA* 25. Advisory for raw/undercooked food

HIGHLY SUSCEPTIBLE POPULATIONS

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

ADDITIVES AND TOXIC SUBSTANCES

- IN* 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:

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Good Retail Practices

SAFE FOOD AND WATER

- IN** 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
- IN** 34. Plant food properly cooked for hot holding
- IN** 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
- 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
- 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 #24. Time as PHC; procedures & records

Observed that time was not written down on the time as a public health control log for the hamburgers that were wrapped and stored on the hatco and reach in warmer. Explained that time to write down on log is time that burgers are removed from the oven and wrapped per time as public health control procedure. Time written down on log-930am. Corrected on site.

CODE REFERENCE: 64E-11.003(2). The food establishment has submitted a procedure and received prior approval to use TPHC. Proper documentation is available.

Inspector Signature:

Client Signature:

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General Comments

Satisfactory at time of inspection. Violation corrected at time of inspection and log documentation procedures explained to staff.

Salad (upright reach in cooler-left-40F, right-39F)
Pizza (upright reach in warmer-left) 150F
Parfait (upright reach in cooler-right) 41F
Milk (milk coolers-right-37F, left-38F)
Diced chicken (walk in cooler) 36F
Marinara sauce (upright reach in cooler, a la carte) 35F

Sanitizer-quat (3 compartment sink-200ppm, bucket- under prep table-300ppm, other prep table-200ppm)

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Inspection Conducted By: Nichole Zarkowski (85193)
Inspector Contact Number: Work: (352) 513-6104 ex.
Print Client Name:
Date: 9/15/2023

Inspector Signature:

Client Signature: