

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



**RESULT:** Satisfactory

**Facility Information**

Permit Number: 09-48-00048	
Name of Facility: Hernando Elementary School	
Address: 2975 E Trailblazer Lane	
City, Zip: Hernando 34442	
Type: School (more than 9 months)	
Owner: Citrus County School Board	
Person In Charge: Gayna Beasley	Phone: (352) 726-4240
PIC Email:	

**Inspection Information**

Purpose: Routine	Number of Risk Factors (Items 1-29): 1	Begin Time: 11:35 AM
Inspection Date: 9/8/2023	Number of Repeat Violations (1-57 R): 1	End Time: 12:35 PM
Correct By: None	Facility Grade: N/A	
<b>Re-Inspection Date: None</b>	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**

<p><b>SUPERVISION</b></p> <p><u>IN</u> 1. Demonstration of Knowledge/Training</p> <p><u>IN</u> 2. Certified Manager/Person in charge present</p> <p><b>EMPLOYEE HEALTH</b></p> <p><u>IN</u> 3. Knowledge, responsibilities and reporting</p> <p><u>IN</u> 4. Proper use of restriction and exclusion</p> <p><u>IN</u> 5. Responding to vomiting &amp; diarrheal events</p> <p><b>GOOD HYGIENIC PRACTICES</b></p> <p><u>IN</u> 6. Proper eating, tasting, drinking, or tobacco use</p> <p><u>IN</u> 7. No discharge from eyes, nose, and mouth</p> <p><b>PREVENTING CONTAMINATION BY HANDS</b></p> <p><u>IN</u> 8. Hands clean &amp; properly washed</p> <p><u>IN</u> 9. No bare hand contact with RTE food</p> <p><u>IN</u> 10. Handwashing sinks, accessible &amp; supplies</p> <p><b>APPROVED SOURCE</b></p> <p><u>IN</u> 11. Food obtained from approved source</p> <p><u>NO</u> 12. Food received at proper temperature</p> <p><u>IN</u> 13. Food in good condition, safe, &amp; unadulterated</p> <p><u>NA</u> 14. Shellstock tags &amp; parasite destruction</p> <p><b>PROTECTION FROM CONTAMINATION</b></p> <p><u>IN</u> 15. Food separated &amp; protected; Single-use gloves</p>	<p><u>IN</u> 16. Food-contact surfaces; cleaned &amp; sanitized</p> <p><u>IN</u> 17. Proper disposal of unsafe food</p> <p><b>TIME/TEMPERATURE CONTROL FOR SAFETY</b></p> <p><u>IN</u> 18. Cooking time &amp; temperatures</p> <p><u>IN</u> 19. Reheating procedures for hot holding</p> <p><u>IN</u> 20. Cooling time and temperature</p> <p><u>IN</u> 21. Hot holding temperatures</p> <p><u>OUT</u> 22. Cold holding temperatures (<b>R, COS</b>)</p> <p><u>IN</u> 23. Date marking and disposition</p> <p><u>IN</u> 24. Time as PHC; procedures &amp; records</p> <p><b>CONSUMER ADVISORY</b></p> <p><u>NA</u> 25. Advisory for raw/undercooked food</p> <p><b>HIGHLY SUSCEPTIBLE POPULATIONS</b></p> <p><u>NA</u> 26. Pasteurized foods used; No prohibited foods</p> <p><b>ADDITIVES AND TOXIC SUBSTANCES</b></p> <p><u>NA</u> 27. Food additives: approved &amp; properly used</p> <p><u>IN</u> 28. Toxic substances identified, stored, &amp; used</p> <p><b>APPROVED PROCEDURES</b></p> <p><u>NA</u> 29. Variance/specialized process/HACCP</p>
---	--

Inspector Signature:

Client Signature:

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



**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**

- NO** 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
- 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

- NO** 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 #22. Cold holding temperatures

Observed parfaits on right serving line had risen to between 46-50F. Ice in ice bath had melted to point where only fruit on bottom had remained in ice. Corrected on site by discarding out of temperature parfaits and remaking ice bath in a deeper pan with more ice. Spoke with manager and moving forward 4 inch pans will be used for parfait ice baths to ensure they remain at temperature. REPEAT VIOLATION

CODE REFERENCE: 64E-11.003(2). PHF/TCS foods, which are held cold, and not subject to an approved HACCP plan, must be maintained at 41°F.

Inspector Signature:

Client Signature:

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



**General Comments**

Satisfactory at time of inspection. Correct noted violations by next routine inspection. Spoke with manager regarding cold holding of yogurt parfaits and salads on the line. Have begun placing the parfaits in deeper pans with ice further up the side of containers to ensure that they maintain temperature. Ice level may not go over lid as ice could melt and enter parfait. Salads were in ice baths that were keeping them at proper temperature at time of inspection.

All sanitizers read at appropriate strengths.

Hot holding temperatures

All hot held food was on TimePHC and logged appropriately.

Cold Holding Temperatures

Right reach in Cooler - Yogurt Parfait-37F, Chicken salad 38F

Right serving line- Yogurt parfait 46-50F (discarded), chicken salad 40-41F.

Milk in walk in cooler -38F

Milk in cooler 41F

Left reach in - yogurt parfait 38F, Chicken salad 39F

Left line- yogurt parfait 41F, Chicken salad 41F

Email Address(es): beasleyg@citrussschools.org;  
terranoj@citrussschools.org;  
watkinst@citrussschools.org;  
jervisa2@citrussschools.org;  
freiery@citrussschools.org

Inspection Conducted By: Thomas Daugherty (909118)  
Inspector Contact Number: Work: (352) 513-6108 ex.  
Print Client Name:  
Date: 9/8/2023

Inspector Signature:

Client Signature: