

Food Establishment Inspection Report

	Facility Type: <input type="checkbox"/> Bar/Lounge <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Intermediate Care DD <input type="checkbox"/> PPEC <input type="checkbox"/> Adult Day Care <input type="checkbox"/> Civic <input type="checkbox"/> Fraternal Org. <input type="checkbox"/> Migrant Housing <input type="checkbox"/> Recreational Camp <input type="checkbox"/> Short-term Res Treat <input type="checkbox"/> Afterschool Meal Prog <input type="checkbox"/> Crisis Stabilization Unit <input type="checkbox"/> Home for Special Services <input type="checkbox"/> Movie Theater <input type="checkbox"/> Residential Treatment Fac. <input type="checkbox"/> Transitional Living Fac <input type="checkbox"/> Assisted Living <input type="checkbox"/> Detention Fac. <input type="checkbox"/> Hospice <input checked="" type="checkbox"/> School
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PURPOSE: Routine Reinspection Construction Complaint Consultation Change of Ownership Epidemiology Temporary Event Other

Name of Establishment: Wakulla County School Board WCI		RESULTS: <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Incomplete <input type="checkbox"/> Closure <input type="checkbox"/> Out of Business	Correct by: <input type="checkbox"/> Next Routine Inspection <input type="checkbox"/> 8 A.M. on _____ (Date)	Stop Sale Issued <input type="checkbox"/>
Address: 69 Arran Rd. City: Crawfordville	Name of Person in Charge: Kathleen Newton			
ZIP Code: 32327	Person in Charge Email: Kathleen.N@wescb.us	Date (MM/DD/YY): 8-6-19 Begin Time AM/PM: 4:00 PM End Time AM/PM: 4:20 pm Permit Number: 65-48-1449893 Position Number: 029612		

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Indicate the compliance status; Mark an "X" under the compliance status, 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.
 Mark an "X" in the appropriate box for: COS=violation corrected on site; R=repeat violation from previous inspection

Compliance Status	IN OUT N/A N/O	COS	R	Compliance Status	IN OUT N/A N/O	COS	R
Supervision				Protection from Contamination			
1	X			15	X		
2	X			16	X		
Employee Health				Time/Temperature Control for Safety			
3	X			18	X		
4	X			19	X		
5	X			20	X		
Good Hygienic Practices				Consumer Advisory			
6	X			25			
7	X			Highly Susceptible Populations			
				26			
Preventing Contamination by Hands				Additives and Toxic Substances			
8	X			27			
9	X			28			
				Approved Procedures			
10	X			29	X		
				Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.			
Approved Source							
11	X						
12	X						
13	X						
14	X						

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

IN OUT N/A N/O	IN OUT N/A N/O	COS	R	IN OUT N/A N/O	IN OUT N/A N/O	COS	R
Safe Food and Water				Proper Use of Utensils			
30	X			43	X		
31	X			44	X		
32	X			45	X		
Food Temperature Control				Utensils, Equipment and Vending			
33	X			47	X		
34	X			48	X		
35	X			49	X		
				Physical Facilities			
36	X			50	X		
Food Identification				51	X		
37	X						
				52	X		
Prevention of Food Contamination							
38	X			53	X		
39	X			54	X		
40	X			55	X		
41	X			56	X		
42	X			57	X		

Person in Charge (Print & Signature): Kathleen Newton <i>Kathleen Newton</i>	Date: 8-6-19
Inspector (Print & Signature): Bill Gibson <i>Bill Gibson</i>	Phone: 838-6230