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



**RESULT:** Satisfactory **Facility Information** 

Permit Number: 55-48-00027

Name of Facility: RAWLINGS ELEMENTARY SCHOOL

Address: 610 AIA N

City, Zip: Ponte Vedra 32082

Type: School (9 months or less)

Owner: RAWLINGS ELEMENTARY SCHOOL

Person In Charge: RAWLINGS ELEMENTARY SCHOOL Phone: (904) 547-3963

PIC Fmail:

**Inspection Information** 

Purpose: Routine Number of Risk Factors (Items 1-29): 0 Begin Time: 10:15 AM Inspection Date: 8/21/2024 Number of Repeat Violations (1-57 R): 0 End Time: 10:40 AM

Correct By: Next Inspection FacilityGrade: N/A Re-Inspection Date: None StopSale: 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
- N 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**
- NO 6. Proper eating, tasting, drinking, or tobacco use
- NO 7. No discharge from eyes, nose, and mouth PREVENTING CONTAMINATION BY HANDS
- NO 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
- 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

- 18. Cooking time & temperatures
- NO 19. Reheating procedures for hot holding
- NO 20. Cooling time and temperature
- **IN** 21. Hot holding temperatures
- N 22. Cold holding temperatures
- IN 23. Date marking and disposition
- N 24. Time as PHC; procedures & records

# **CONSUMER ADVISORY**

- NA 25. Advisory for raw/undercooked food
  - HIGHLY SÚSCEPTIBLE POPULATIONS
- NA 26. Pasteurized foods used; No prohibited foods
  - ADDITIVES AND TOXIC SUBSTANCES
- N 27. Food additives: approved & properly used
- 28. Toxic substances identified, stored, & used
  - APPROVED PROCEDURES
- IN 29. Variance/specialized process/HACCP

**Inspector Signature:** 

**Client Signature:** 

Form Number: DH 4023 03/18 55-48-00027 RAWLINGS ELEMENTARY SCHOOL

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# 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

IN 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

N 36. Thermometers provided & accurate

#### FOOD IDENTIFICATION

N 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

N 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

**OUT** 48. Ware washing: installed, maintained, & used; test strips (COS)

IN 49. Non-food contact surfaces clean

#### **PHYSICAL FACILITIES**

IN 50. Hot & cold water available; adequate pressure

51. Plumbing installed; proper backflow devices

No. 52. Sewage & waste water properly disposed

N 53. Toilet facilities: supplied, & cleaned

OUT 54. Garbage & refuse disposal
IN 55. Facilities installed, maintained, & clean

N 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 #48. Ware washing: installed, maintained, & used; test strips

Probe thermometer sanitizer cup is below 150ppm. Change out the sanitizer more often. Corrected onsite.

CODE REFERENCE: 64E-11.003(4). Warewashing facilities must be approved, available, maintained, effective, and used for cleaning and sanitizing food-contact surfaces and equipment. Test strips are available and used to verify the solution is at a concentration necessary to achieve sanitization.

Violation #54. Garbage & refuse disposal

Dumpster lid is open. Keept the lids closed.

CODE REFERENCE: 64E-11.003(5). Garbage shall be disposed of to prevent vector harborage. Trash cans will be durable, cleanable, leak proof, insect and rodent resistant, and non-absorbent. Outside storage area shall be of a smooth, non-absorbent material and sloped to a drain.

#### **General Comments**

No General Comments Available

Email Address(es): elymar.pratoarteaga@stjohns.k12.fl.us;

Michael.Holmes@stjohns.k12.fl.us; ethan.gumble@stjohns.k12.fl.us

Inspection Conducted By: Darren Guffey (54792)

Inspector Contact Number: Work: (904) 506-6081 ex. 6124

Print Client Name: Date: 8/21/2024

Inspector Signature:

**Client Signature:** 

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