

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



Facility Information

RESULT: Satisfactory

Permit Number: 27-48-00031
Name of Facility: West Hernando Middle School
Address: 14325 Ken Austin Parkway
City, Zip: Brooksville 34613

Type: School (more than 9 months)
Owner: Hernando County School Board
Person In Charge: Jenkins, Babette Phone: (352) 797-7028
PIC Email: jenkins_b@hcsb.k12.fl.us

Inspection Information

Purpose: Routine	Number of Risk Factors (Items 1-29): 1	Begin Time: 10:00 AM
Inspection Date: 10/12/2021	Number of Repeat Violations (1-57 R): 0	End Time: 10:30 AM
Correct By: Next Inspection	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
- IN 19. Reheating procedures for hot holding
- IN 20. Cooling time and temperature
- IN 21. Hot holding temperatures
- OUT 22. Cold holding temperatures
- IN 23. Date marking and disposition
- IN 24. Time as PHC; procedures & records

CONSUMER ADVISORY

- NA 25. Advisory for raw/undercooked food

HIGHLY SUSCEPTIBLE POPULATIONS

- IN 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:

Form Number: DH 4023 03/18

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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
- IN** 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 #22. Cold holding temperatures

Observed cooked bacon, sliced cheese, and shredded cheese above 41 degrees in pass thru refrigerator. Observed other food items like milk and nacho beef below 41 degrees. Ensure PHF/TCS foods, which are held cold, and not subject to an approved HACCP plan, must be maintained at 41°F. Manager will create a work order for the refrigerator. Manager also mentioned the food items above 41 were leftovers from yesterday.

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.

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General Comments

Observed lunch being prepped at time of inspection

chicken tender 90
nacho beef 165
nacho cheese 146
mix veggies 44. Being prepped during inspection
sliced oranges 48. Being prepped during inspection
milk 40
grapes 58. Being prepped during inspection
chicken salad 65. Being prepped during inspection
shredded cheese 44
cooked bacon 50

Walk-in Cooler sliced turkey 33
milk 32
home fries 38

Email Address(es): jenkins_b@hcsb.k12.fl.us;
ward_w@hcsb.k12.fl.us

Inspection Conducted By: Shawn Sombutmai (49765)
Inspector Contact Number: Work: (352) 540-6800 ex.
Print Client Name: Babette
Date: 10/12/2021

Inspector Signature:

Client Signature: