**Facility Information**

<table>
<thead>
<tr>
<th>Permit Number: 16-48-00777</th>
<th>RESULT: Satisfactory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Facility: Alfred I. Dupont Middle #66</td>
<td></td>
</tr>
<tr>
<td>Address: 2710 Dupont Avenue</td>
<td></td>
</tr>
<tr>
<td>City, Zip: Jacksonville 32217</td>
<td></td>
</tr>
<tr>
<td>Type: School (9 months or less)</td>
<td></td>
</tr>
<tr>
<td>Owner: Duval County School Board</td>
<td></td>
</tr>
<tr>
<td>Person In Charge: Charmaine Wright</td>
<td></td>
</tr>
<tr>
<td>Phone: 904-739-5205</td>
<td></td>
</tr>
</tbody>
</table>

**Inspection Information**

<table>
<thead>
<tr>
<th>Purpose: Routine</th>
<th>Number of Risk Factors (Items 1-29): 0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inspection Date: 7/9/2019</td>
<td>Number of Repeat Violations (1-57 R): 1</td>
</tr>
<tr>
<td>Correct By: Next Inspection</td>
<td>Facility Grade: N/A</td>
</tr>
<tr>
<td>Re-Inspection Date: None</td>
<td>Stop Sale: No</td>
</tr>
</tbody>
</table>

Begin Time: 10:10 AM  
End Time: 11:30 AM

**Food Borne 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
  - IN 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
  - NO 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
  - NA 24. Time as PHC; procedures & records
- **CONSUMER ADVISORY**
  - NA 25. Advisory for raw/undercooked food
  - NA 26. Pasteurized foods used: No prohibited foods
- **HIGHLY SUSCEPTIBLE POPULATIONS**
  - IN 27. Food additives: approved & properly used
  - IN 28. Toxic substances identified, stored, & used
- **ADDITIVES AND TOXIC SUBSTANCES**
  - NA 29. Variance/specialized process/HACCP

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
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

UTENSILS, EQUIPMENT AND VENDING

OUT 47. Food & non-food contact surfaces
OUT 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
OUT 55. Facilities installed, maintained, & clean (R)
OUT 56. Ventilation & lighting
IN 57. Permit; Fees; Application; Plans

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
IN 46. Slash resistant/cloth gloves used properly

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 #47. Food & non-food contact surfaces
1. Replace stripping for milk box (if standing in front of the serving line the one on the right). Observed starting to crack and tear apart. 2. Replace toilet seats for both restrooms- observed cracks and devits on both. Can no longer properly be cleaned.
CODE REFERENCE: 64E-11.003(4). Equipment and utensils must be properly designed, constructed, and in good repair.

Violation #48. Ware washing: installed, maintained, & used; test strips
Facility is out of test strips and requires more to ensure effective ppm concentration.
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 #55. Facilities installed, maintained, & clean
Clean the air vents and surrounding ceiling tiles (clean or replace) adjacent to the office. Two nearest air vents by office to remove buildup of residue and remove sanitary nuisances.
CODE REFERENCE: 64E-11.003(5). Floors, walls, and ceilings shall be smooth, durable, easily cleanable, and non-absorbent. Exterior areas shall be kept clean.

Violation #56. Ventilation & lighting
Replace lights for both hood system units in back of kitchen to prevent food and safety hazards. Neither sets of lights are currently working.
CODE REFERENCE: 64E-11.003(6)(a). Adequate exhaust ventilation hood systems in food prep and warewashing areas shall be provided and designed. 50 foot candles shall be at surfaces where employees work with food and 20 foot candles shall be at surfaces where food is provided to consumers.
General Comments

Permits and Log Observations:
Current permit on display
Observed written FDOH required policies and procedures posted on facility walls
Observed UTD temperature and staff training logs

Kitchen/Staff Observations:
All hand sinks have hot & cold water, soap, and paper towels
Hand washing signs observed
Staff restrooms are appropriately stocked; see comments
All foods dated and labeled
All spray bottles and containers are labeled
Quaternary ammonium sanitizer and test strips observed; three compartment sink: 200 ppm
Mop sink has hot & cold water
No pests observed at time of inspection
Dumpster area is clean, and lids observed closed; observed new dumpsters
Observed staff working in office

Temperatures/Measurements:
Hand sink: 109 F
Hot boxes: not in use
Walk-in Cooler: 34 F; milk inside: 33 F
Walk-in Freezer: 0 F; all TCS foods appear frozen
Reach in refrigerators: 35 F, 40 F
Milk boxes: 35 F, 40 F; milk inside: 39 F

Serving Line:
100% apple juice: 32 F
Whole apples and bananas
Chicken taco meat: 197 F
Red beans: 163 F

General Comments:
Facility has not had air vents and surrounding ceiling tiles cleaned since last inspection

Charmaine Wright-FSMC-Prometric-Exp. 6-3-2024
Correct violations by next inspection

Email Address(es): Charmaine.Wright@compass-usa.com

Inspection Conducted By: William Devlin (49176)
Inspector Contact Number: Work: (904) 253-2431 ex.
Print Client Name: Charmaine Wright
Date: 7/9/2019

Inspector Signature:  
Client Signature:

Form Number: DH 4023 03/18  16-48-00777  Alfred I. Dupont Middle #66  
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