**Facility Information**

<table>
<thead>
<tr>
<th>Permit Number:</th>
<th>16-48-00260</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Facility:</td>
<td>Atlantic Beach Elem 65</td>
</tr>
<tr>
<td>Address:</td>
<td>298 Sherry Drive</td>
</tr>
<tr>
<td>City, Zip:</td>
<td>Atlantic Beach 32233</td>
</tr>
</tbody>
</table>

**Type:** School (9 months or less)
**Owner:** Duval County School Board
**Person In Charge:** Gretchenell Hendrix  
**Phone:** (904) 247-5925
**PIC Email:** gretchenell.hendrix@compass-usa.com

**Inspection Information**

<table>
<thead>
<tr>
<th>Purpose:</th>
<th>Routine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inspection Date:</td>
<td>12/12/2019</td>
</tr>
<tr>
<td>Correct By:</td>
<td>None</td>
</tr>
<tr>
<td>Re-Inspection Date:</td>
<td>None</td>
</tr>
<tr>
<td>Number of Risk Factors (Items 1-29):</td>
<td>0</td>
</tr>
<tr>
<td>Number of Repeat Violations (1-57 R):</td>
<td>0</td>
</tr>
<tr>
<td>Facility Grade:</td>
<td>N/A</td>
</tr>
<tr>
<td>Stop Sale:</td>
<td>No</td>
</tr>
<tr>
<td>Begin Time:</td>
<td>09:00 AM</td>
</tr>
<tr>
<td>End Time:</td>
<td>09:30 AM</td>
</tr>
</tbody>
</table>

**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

**TIME/TEMPERATURE CONTROL FOR SAFETY**
IN 16. Food-contact surfaces; cleaned & sanitized
IN 17. Proper disposal of unsafe food

**CONSUMER ADVISORY**
NA 24. Time as PHC; procedures & records

**HIGHLY SUSCEPTIBLE POPULATIONS**
IN 25. Advisory for raw/undercooked food

**ADDITIVES AND TOXIC SUBSTANCES**
IN 26. Pasteurized foods used; No prohibited foods

**APPROVED PROCEDURES**
IN 27. Food additives: approved & properly used
IN 28. Toxic substances identified, stored, & used
IN 29. Variance/specialized process/HACCP
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
IN 46. Slash resistant/cloth gloves used properly

UTENSILS, EQUIPMENT AND VENDING

IN 47. Food & non-food contact surfaces clean
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

No Violation Comments Available

General Comments

hand sink water temp 105o f. 
walk-in cooler 38o f. 
walk-in freezer -3o f. 
sanitizer tank empty 
FMSM Gretchenell Hendrix ServSafe exp. 10/30/20

Email Address(es): gretchenell.hendrix@compass-usa.com

Inspection Conducted By: Wayne Hartford (4092)
Inspector Contact Number: Work: (904) 253-1280 ex. 2566
Print Client Name: Gretchelell Hendrix
Date: 12/12/2019

State of Florida
Department of Health
County Health Department
Food Service
Inspection Report

Inspector Signature: [Signature]
Client Signature: [Signature]

Form Number: DH 4023 03/18
State of Florida
Department of Health
County Health Department
Food Service
Inspection Report

Inspector Signature: [Signature]
Client Signature: [Signature]

Form Number: DH 4023 03/18
16-48-00260 Atlantic Beach Elem 65
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