**Facility Information**

<table>
<thead>
<tr>
<th>Permit Number: 16-48-00453</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Facility: Kirby-Smith Middle School Cafeteria 25</td>
</tr>
<tr>
<td>Address: 2034 Hubbard Street</td>
</tr>
<tr>
<td>City, Zip: Jacksonville 32206</td>
</tr>
</tbody>
</table>

**Type:** School (9 months or less)  
**Owner:** Duval County School Board  
**Person In Charge:** Daphne Ferrell  
**Phone:** 904-630-6725  
**PIC Email:** daphne.ferrell@compass-usa.com

**Purpose:** Routine  
**Inspection Date:** 1/15/2020  
**Correct By:** None  
**Re-Inspection Date:** None

**Number of Risk Factors (Items 1-29):** 0  
**Number of Repeat Violations (1-57 R):** 0

**Facility Grade:** N/A  
**Stop Sale:** No

**Begin Time:** 02:00 PM  
**End Time:** 02:25 PM

**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

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**Foodborne Illness Risk Factors And Public Health Interventions**

<table>
<thead>
<tr>
<th>SUPERVISION</th>
</tr>
</thead>
</table>
| IN | 1. Demonstration of Knowledge/Training  
| IN | 2. Certified Manager/Person in charge present  

<table>
<thead>
<tr>
<th>EMPLOYEE HEALTH</th>
</tr>
</thead>
</table>
| IN | 3. Knowledge, responsibilities and reporting  
| IN | 4. Proper use of restriction and exclusion  
| IN | 5. Responding to vomiting & diarrheal events  

<table>
<thead>
<tr>
<th>GOOD HYGIENIC PRACTICES</th>
</tr>
</thead>
</table>
| IN | 6. Proper eating, tasting, drinking, or tobacco use  
| NO | 7. No discharge from eyes, nose, and mouth  

<table>
<thead>
<tr>
<th>PREVENTING CONTAMINATION BY HANDS</th>
</tr>
</thead>
</table>
| IN | 8. Hands clean & properly washed  
| IN | 9. No bare hand contact with RTE food  
| IN | 10. Handwashing sinks, accessible & supplies  

<table>
<thead>
<tr>
<th>APPROVED SOURCE</th>
</tr>
</thead>
</table>
| 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  

<table>
<thead>
<tr>
<th>PROTECTION FROM CONTAMINATION</th>
</tr>
</thead>
</table>
| IN | 15. Food separated & protected; Single-use gloves  
| NO | 16. Food-contact surfaces; cleaned & sanitized  
| IN | 17. Proper disposal of unsafe food  

<table>
<thead>
<tr>
<th>TIME/TEMPERATURE CONTROL FOR SAFETY</th>
</tr>
</thead>
</table>
| IN | 18. Cooking time & temperatures  
| IN | 19. Reheating procedures for hot holding  
| IN | 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  

<table>
<thead>
<tr>
<th>CONSUMER ADVISORY</th>
</tr>
</thead>
</table>
| NA | 25. Advisory for raw/undercooked food  

<table>
<thead>
<tr>
<th>HIGHLY SUSCEPTIBLE POPULATIONS</th>
</tr>
</thead>
</table>
| NA | 26. Pasteurized foods used: No prohibited foods  

<table>
<thead>
<tr>
<th>ADDITIVES AND TOXIC SUBSTANCES</th>
</tr>
</thead>
</table>
| NA | 27. Food additives: approved & properly used  
| IN | 28. Toxic substances identified, stored, & used  

<table>
<thead>
<tr>
<th>APPROVED PROCEDURES</th>
</tr>
</thead>
</table>
| NA | 29. Variance/specialized process/HACCP  

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**Inspector Signature:**  

**Client Signature:**

**Form Number:** DH 4023  03/18  16-48-00453  Kirby-Smith Middle School Cafeteria 25
### Good Retail Practices

<table>
<thead>
<tr>
<th>Category</th>
<th>Requirements</th>
</tr>
</thead>
</table>
| **SAFE FOOD AND WATER** | 30. Pasteurized eggs used where required  
31. Water & ice from approved source  
32. Variance obtained for special processing |
| **FOOD TEMPERATURE CONTROL** | 33. Proper cooling methods; adequate equipment  
34. Plant food properly cooked for hot holding  
35. Approved thawing methods  
36. Thermometers provided & accurate |
| **FOOD IDENTIFICATION** | 37. Food properly labeled; original container |
| **PREVENTION OF FOOD CONTAMINATION** | 38. Insects, rodents, & animals not present  
39. No Contamination (preparation, storage, display)  
40. Personal cleanliness  
41. Wiping cloths: properly used & stored  
42. Washing fruits & vegetables |
| **PROPER USE OF UTENSILS** | 43. In-use utensils: properly stored  
44. Equipment & linens: stored, dried, & handled  
45. Single-use/single-service articles: stored & used  
46. Slash resistant/cloth gloves used properly  
47. Food & non-food contact surfaces clean  
48. Ware washing: installed, maintained, & used; test strips  
49. Non-food contact surfaces clean |
| **UTENSILS, EQUIPMENT AND VENDING** | |
| **PHYSICAL FACILITIES** | 50. Hot & cold water available; adequate pressure  
51. Plumbing installed; proper backflow devices  
52. Sewage & waste water properly disposed  
53. Toilet facilities: supplied, & cleaned  
54. Garbage & refuse disposal  
55. Facilities installed, maintained, & clean  
56. Ventilation & lighting  
57. Permit; Fees; Application; Plans |

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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

Condition satisfactory. Discuss New Clean-up policies for vomiting and diarrheal. Observed test strips, food labeled and dated, and staff log. Current permit is displayed, chicken 154°F, pizza 154°F, cheeseburgers 159°F. cooler 39°F, freezer 0°F, milk box 38°F, 39°F cooler

Email Address(es): daphne.ferrell@compass-usa.com; kathleen.thomas@compass-usa.com; william.ratley@compass-usa.com

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Inspector Conducted By: Fredrick Polite (4212)
Inspector Contact Number: Work: (904) 253-1280 ex. 2570
Print Client Name: Daphne Ferrell
Date: 1/15/2020

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

Form Number: DH 4023  03/18  16-48-00453  Kirby-Smith Middle School Cafeteria 25