# Facility Information

<table>
<thead>
<tr>
<th>Permit Number:</th>
<th>16-48-00453</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Facility:</td>
<td>Kirby-Smith Middle School Cafeteria 25</td>
</tr>
<tr>
<td>Address:</td>
<td>2034 Hubbard Street</td>
</tr>
<tr>
<td>City, Zip:</td>
<td>Jacksonville 32206</td>
</tr>
<tr>
<td>Type: School (9 months or less)</td>
<td>Owner: Duval County School Board</td>
</tr>
<tr>
<td>Person In Charge: Daphne Ferrell</td>
<td>Phone: 904-630-6725</td>
</tr>
</tbody>
</table>

## Purpose:
Routine

## Inspection Information

| Inspection Date: | 8/28/2019 |
| Re-Inspection Date: | None |
| Correct By: | None |
| Facility Grade: | N/A |
| Number of Risk Factors (Items 1-29): | 0 |
| Number of Repeat Violations (1-57 R): | 0 |
| Stop Sale: | No |
| Begin Time: | 11:20 AM |
| End Time: | 12:11 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

## 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
  - NO 17. Proper disposal of unsafe food
  - 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
  - CONSUMER ADVISORY
  - NA 25. Advisory for raw/undercooked food
  - HIGHLY SUSCEPTIBLE POPULATIONS
  - IN 26. Pasteurized foods used; No prohibited foods
  - ADDITIVES AND TOXIC SUBSTANCES
  - NA 27. Food additives: approved & properly used
  - IN 28. Toxic substances identified, stored, & used
  - APPROVED PROCEDURES
  - 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

STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT
FOOD SERVICE
INSPECTION REPORT
Good Retail Practices

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

UTENSILS, EQUIPMENT AND VENDING
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

PHYSICAL FACILITIES
47. Food & non-food contact surfaces clean
48. Ware washing: installed, maintained, & used; test strips
49. Non-food contact surfaces clean
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

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 154F, pizza 154F, cheeseburgers 159F. cooler 39F, freezer 0F, milk box 38F, 39F cooler

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

Inspector Conducted By: Fredrick Polite  (4212)
Inspector Contact Number: Work: (904) 253-1280 ex. 2570
Print Client Name: Daphne Ferrell
Date: 8/28/2019

Inspector Signature: 

Daphne Ferrell

Client Signature: 

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