Food Establishment Inspection Report

Name of Establishment: Global Street Food Truck (at Southside Middle School)

Address: 2924 Knights Lane E
City: Jax
ZIP Code: 32216

Name of Person in Charge: Latoya Cobb
Telephone: 802-5342 (DW)

Date (MM/DD/YY): 12/10/18

RESULTS:

Foodborne Illness Risk Factors and Public Health Interventions:

Indicate the compliance status: Mark an "X" under the compliance status. 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. Mark an "X" in the appropriate box for: CO2-viaion corrected on site; 2-repeat violation from previous inspection.

Compliance Status
IN OUT N/A N/O
1. Supervision
   Demonstration of knowledge/Training
2. Supervision
   Certified Manager/Person in Charge present
3. Employee Health
   Knowledge, responsibilities and reporting
4. Employee Health
   Proper use of restriction and exclusion
5. Employee Health
   Responding to vomiting & diarrhea events
6. Good Hygienic Practices
   Proper eating, drinking, handling, or tobacco use
7. Good Hygienic Practices
   No discharge from eyes, nose, and mouth
8. Preventing contamination by Hands
   Hands clean & properly washed
9. Preventing contamination by Hands
   No bare hand contact with RTE food
10. Preventing contamination by Hands
    Handwashing sinks, accessible & supplies
11. Approved Source
    Food obtained from approved source
12. Approved Source
    Food received at proper temperature
13. Approved Source
    Food in good condition, safe & unadulterated
14. Approved Source
    Meat/Meat products & produce destruction

This form serves as a Notice of Non-Compliance pursuant to section 120.599, Florida Statutes. Items marked as "out" violate one or more of the requirements of Chapter 64E-11, the Florida Administrative Code or Chapter 68-3071, 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 within the time frame specified may result in enforcement action being initiated by the Department of Health.

Good Retail Practices:

Safe Food and Water
30. In Out N/A N/O
   Pasteurized eggs used where required
31. In Out N/A N/O
   Water & ice from approved source
32. In Out N/A N/O
   Variance obtained for special processing

Food Temperature Control
33. In Out N/A N/O
   Proper cooking methods, adequate equipment
34. In Out N/A N/O
   Raw food properly cooked for hot holding
35. In Out N/A N/O
   Approved thawing methods
36. In Out N/A N/O
   Thermometers provided & accurate

Food Identification
37. In Out N/A N/O
   Food properly labeled, original container

Prevention of Food Contamination
38. In Out N/A N/O
   Insects, rodents, & animals not present
39. In Out N/A N/O
   No contamination (preparation, storage, display)
40. In Out N/A N/O
   Personal cleanliness
41. In Out N/A N/O
   Mopping/cloths used, properly stored
42. In Out N/A N/O
   Waste fruit & vegetables

Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.

IN OUT N/A N/O
43. Proper Use of Utensils
   Utensils: properly stored
44. Proper Use of Utensils
   Equipment & utensils: stored, cleaned, & handled
45. Proper Use of Utensils
   Single-use/single-service articles: stored & used
46. Proper Use of Utensils
   Washable/rinseable gloves worn properly

Utensils, Equipment, and Venting
47. In Out N/A N/O
   Food & non-food contact surfaces clean
48. In Out N/A N/O
   Non-food contact surfaces clean

Physical Facilities
49. In Out N/A N/O
   Hot & cold water available, under pressure
50. In Out N/A N/O
   Plumbing installed, proper backflow devices
51. In Out N/A N/O
   Suggestion: properly disposed
52. In Out N/A N/O
   Toilet facilities: supplied & cleaned
53. In Out N/A N/O
   Garbage & refuse disposal
54. In Out N/A N/O
   Facility maintained, unobstructed, & clean
55. In Out N/A N/O
   Ventilation & lighting
56. In Out N/A N/O
   Pests, foods, Application, Plans

Person in Charge (Print & Signature):
Latoya Cobb

Inspector (Print & Signature):
Henry Klesh

Date: 12/10/18
Phone: 253-1280

FORM DA4023 03/2018
**Food Establishment Inspection Report**

**Name of Establishment:** Global Street Food Truck  
**Permit Number:** 16-48-1560115  
**Date:** 12/10/18

<table>
<thead>
<tr>
<th>Item/Location</th>
<th>Temp</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Large cooler</td>
<td>39</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Small cooler</td>
<td>41</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**TEMPERATURE OBSERVATIONS**

**OBSERVATIONS AND CORRECTIVE ACTIONS**

Violations cited in this report must be corrected

- **#22** Chocolate milk in cooler at 45- No milk on truck today, Cooler where milk was previously stored was at 41 degrees (milk from school today)
- **#33** Large cooler at 68, small cooler at 50 --Corrected Large cooler at 39 degrees and small cooler at 41-- Corrected
- **#55** Interior door latch damaged, employee has to use knife to open door -This issue has been repaired - Corrected
- **#36** No probe thermometer or wipes on truck - There is a probe thermometer and wipes present on the truck- Corrected

**Note:** Although not marked as a violation, The hood system and both portable extinguishers were tagged in May of 2017, Usually portables are tagged yearly indicating several months out of date. Hood systems are usually tagged every six months, indicating system out of date.

**Note:** It would appear that having an issue with the door opening and out of date extinguishers could be a safety issue --- This item has been corrected, Both units tagged December 2018

**Note:** Re-inspection rescheduled from 11/27/18 due to mobility of food truck

**Note:** Temp log for coolers not being filled out

**Note:** Apples to be prewrapped or protected and provided with tongs

Latoya.nicole.cobb33@gmail.com

By typing my signature, I attest that the contents are true and correct. I further attest that the electronic record created by the signatory is a true representation of my signature on the electronic record. This document is a true and correct representation of the contents of this report. The electronic record is a true representation of my signature on the electronic record. This document is a true and correct representation of the contents of this report.

**Person in Charge (Signature):** Latoya Cobb  
**Date:** 12/10/18

**Inspector (Signature):** Henry Kiesh  
**Date:** 12/10/18

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Food Establishment Inspection Report

Facility Type: [ ] Bar/Lounge [ ] Domestic Violence [ ] Intermediate Care DD [ ] PPEC
[ ] Day Care [ ] Fraternal Org [ ] Military Housing [ ] Residential Treatment Fac.
[ ] After School Meal Prog [ ] Crisis Stabilization Unit [ ] Movie Theater [ ] Transitional Living Fac.
[ ] Assisted Living [ ] Detention Fcc. [ ] Home for Special Services [ ] School

PURPOSE: [ ] Routine [ ] Reinspection [ ] Construction [ ] Complaint [ ] Consultation [ ] Change of Ownership [ ] Epidemiology [ ] Temporary Event [ ] Other

Name of Establishment: Waterleaf Elementary # 160
Address: 450 Kernan Blvd, City: Jacksonville
ZIP Code: 32225 Name of Person in Charge: Latarsha Smith
Telephone: 904.565.8020 Person in Charge Email: latarsha.anderson@compass-usa.com

Date (MM/DD/YY) Begin Time AM/PM End Time AM/PM Permit Number Position Number
12-03-18 9:00 a.m. 9:35 a.m. 16-48-1348081 04096

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Indicate the compliance status. Mark an "X" under the compliance status, (No 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.

Mark an "X" in the appropriate box for: COS violation corrected on site; R=repeat violation from previous inspection.

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Supervision
1 M [ ] Demonstration of Knowledge/Training
2 [ ] [ ] Certified Manager/Person in Charge present

Employee Health
3 [ ] Knowledge, responsibilities and reporting
4 [ ] Proper use of restriction and exclusion
5 [ ] Responding to vomiting and diarrhea events

Good Hygienic Practices
6 [ ] Proper eating, tasting, drinking, or tobacco use
7 [ ] No discharge from eyes, nose, and mouth.

Preventing Contamination by Hands
8 [ ] Hands clean & properly washed
9 [ ] No bare hand contact with RTE food
10 [ ] Handwashing sinks, accessible & supplies

Approved Source
11 [ ] Food obtained from approved source
12 [ ] Food received at proper temperature
13 [ ] Food in good condition, safe, & unadulterated

Shelf life may be exceeded with the following exception:...

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GOOD RETAIL PRACTICES

Good Retail Practices are preventive measures to control the addition of pathogens, chemicals, and physical objects into foods.

| IN OUT N/A N/O | cos | n |

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 [ ] Hot food properly cooked for hot holding
35 [ ] Approved thawing methods
36 [ ] Thermometers provided & accurate

Food Identification
37 [ ] Food property 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

Prevention from Contamination
15 [ ] Food-separated & protected; single-use gloves
16 [ ] Food-contact surfaces; cleaned & sanitized
17 [ ] Proper disposal of unsafe food

Time/Temperature Control for Safety
18 [ ] Cooking time & temperatures
19 [ ] Reheating procedures for hot holding
20 [ ] Hot holding temperatures
21 [ ] Cold holding temperatures
22 [ ] Date marking & Disposition
23 [ ] Time as PHC; procedures & records

Consumer Advisory
24 [ ] Advisory for raw/undone food

Highly Susceptible Populations
25 [ ] Pasteurized foods used; No prohibited foods

Adulterated & Toxic Substances
26 [ ] Food additivites; approved & properly used
27 [ ] Toxic substances identified, stored, & used

Approved Procedures
28 [ ] Variance/Specialized process/ACCP

Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.

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Approved Procedures
29 [ ] [ ] Variance/Specialized process/ACCP

Date: 12-03-18

Person In Charge (Print & Signature): Latarsha Smith
Inspector (Print & Signature): Wayne D. Hartford REHS

Phone: (904) 253-1260
# Food Establishment Inspection Report

**Name of Establishment:** Waterleaf Elementary #160  
**Permit Number:** 16-48-1348081  
**Date:** 12-03-18

## TEMPERATURE OBSERVATIONS

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<tr>
<td>saltizer tank</td>
<td>200 ppm</td>
<td>walk-in cooler</td>
<td>370 f</td>
<td>hand Sinks</td>
<td>103 f</td>
</tr>
<tr>
<td>walk-in freezer</td>
<td>30 f</td>
<td>3 compartment sink</td>
<td>1050 f</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## OBSERVATIONS AND CORRECTIVE ACTIONS

Violations cited in this report must be corrected

**Operation not observed item 17**

**50** Reinspection delayed while waiting for repairs to be completed; water temps. at all hand sinks and 3 compartment sink between 103 and 1050 f.

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By typing my signature, I certify that the information provided above is true and correct. I also certify that I have reviewed the establishment's records and that I agree to report any violations observed.

**Person in Charge (Signature):** Latarshia Smith  
**Date:** 12-03-18

**Inspector (Signature):** Wayne D. Hartford REHS  
**Date:** 12-03-18

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