Food Establishment Inspection Report

Facility Type: [Select]  
- Day Care,  
- Assisted Living,  
- Senior Meal Program,  
- Crisis Stabilization Unit

Domestic Violence  
- Fraternal Org.,  
- Home for Special Services,  
- Hospice

Intermediate Care DD  
- Mayor's Housing,  
- Movie Theater

- PPEC,  
- Recreational Camp,  
- Short-Term Res Treat

- Residential Treatment Fac.,  
- Transitional Living Fac

- School

PUPPOSE:  
- Routine,  
- Reinspection,  
- Construction,  
- Complaint,  
- Consultation,  
- Charge of Ownership,  
- Epidemiology,  
- Temporary Event,  
- Other

Name of Establishment: S A Hull elementary 169  
City: Jacksonville

ZIP Code: 32219  
Name of Person in Charge: Jacqueline Mobley

Telephone: 904-924-3140  
Person in Charge Email: jacqueline.mobley@compass-usa.com

Date (MM/DD/YY) 10/02/18  
Begin Time AM/PM 10:53 AM  
End Time AM/PM 12:11PM  
Permit Number 16-48-00717  
Position Number 84211

FOODBONE 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 COS=violation corrected on site; R=repeat violation from previous inspection

Compliance Status

IN OUT N/A N/O  
Supervision  
- 1 [X] [ ] Demonstration of Knowledge/Training  
- 2 [X] [ ] Set time Manager/Person in Charge present  
- 3 [X] [ ] Knowledge, responsibilities and reporting  
- 4 [X] [ ] Proper use of restriction and exclusion  
- 5 [X] [ ] Responding to vomiting & diarrhea events  
- 6 [X] [ ] Good Hygienic Practices  
- 7 [X] [ ] Proper eating, tasting, drinking, or tobacco use  
- 8 [X] [ ] No discharge from eyes, nose, and mouth  
- 9 [X] [ ] Preventing Contamination by Hands  
- 10 [X] [ ] Handwashing sinks, accessible & supplies  
- 11 [X] [ ] Food obtained from approved source  
- 12 [X] [ ] Food received at proper temperature  
- 13 [X] [ ] Food in good condition, safe, & unadulterated  
- 14 [X] [ ] Shelfstock tags & parasite destruction

This item serves as a "Notice of Non-Compliance" pursuant to section 120.595, Florida Statutes. Items marked as "OUT" violate one or more of the requirements of Chapter 64E-11, the Florida Administrative Code or Chapter 381.0172, 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.

GOOD RETAIL PRACTICES

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

IN OUT N/A N/O  
Safe Food and Water  
- 15 [X] [ ] Pasteurized eggs used where required  
- 16 [X] [ ] Water & ice from approved source  
- 17 [X] [ ] Variance obtained for special processing  
- 18 [X] [ ] Proper temperature control

Food Temperature Control  
- 19 [X] [ ] Proper cooking methods, adequate equipment  
- 20 [X] [ ] Plant food properly cooked for hot holding  
- 21 [X] [ ] Approved thawing methods  
- 22 [X] [ ] Thermometers provided & accurate

Food Identification  
- 23 [X] [ ] Food properly labeled, original container

Prevention of Food Contamination  
- 24 [X] [ ] Insects, rodents, & animals not present  
- 25 [X] [ ] No Contamination (preparation, storage, display)  
- 26 [X] [ ] Personal cleanliness  
- 27 [X] [ ] Wiping clothes, properly used & stored  
- 28 [X] [ ] Washing fruits & vegetables

Proper Use of Utensils  
- 29 [X] [ ] Utensils: properly stored  
- 30 [X] [ ] Equipment & linens: stored, dried, & handled  
- 31 [X] [ ] Single-use single-service articles: stored & used  
- 32 [X] [ ] Wash & dry dishwashing gloves used properly

Utensils, Equipment & Vending  
- 33 [X] [ ] Food & non-food contact surfaces clean  
- 34 [X] [ ] Warewashing: installed, maintained, used, test strips  
- 35 [X] [ ] Non-food contact surfaces clean

Physical Facilities  
- 36 [X] [ ] Hot & cold water available, under pressure  
- 37 [X] [ ] Sewage & waste water properly disposed  
- 38 [X] [ ] Toilet facilities: supplied & cleaned  
- 39 [X] [ ] Garbage & refuse disposal  
- 40 [X] [ ] Facilities installed, maintained, & clean  
- 41 [X] [ ] Ventilation & lighting

Consumer Advisory  
- 42 [X] [ ] Advisory for raw shellfished seafood

Highly Susceptible Populations  
- 43 [X] [ ] Pasteurized foods used: No prohibited foods

Additives and Toxic Substances  
- 44 [X] [ ] Food additives: approved & properly used  
- 45 [X] [ ] Toxic substances identified, stored, & used

Approved Procedures  
- 46 [X] [ ] Sanitize/sanitized process/MAOP

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.

Date: 10/02/2018

Inspector (Print & Signature): Jacqueline Mobley

Phone: 904-253-1280
**Food Establishment Inspection Report**

**Name of Establishment:** S A Hull elementary 169  
**Permit Number:** 16-48-00717  
**Date:** 10/02/2018

### TEMPERATURE OBSERVATIONS

<table>
<thead>
<tr>
<th>Item/Location</th>
<th>Temp</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reach-i cooler</td>
<td>38</td>
</tr>
<tr>
<td>Reach-in cooler</td>
<td>36</td>
</tr>
<tr>
<td>Walk-in</td>
<td>39</td>
</tr>
<tr>
<td>Hamburgers</td>
<td>153</td>
</tr>
<tr>
<td>Chicken biscuit</td>
<td>157</td>
</tr>
<tr>
<td>Chicken nuggets</td>
<td>157</td>
</tr>
</tbody>
</table>

### OBSERVATIONS AND CORRECTIVE ACTIONS

Violations cited in this report must be corrected.

**Violation Number 47:** Clean the dust from inside of the walk-in cooler. COS

**Violation Number 54:** Keep he dumpster closed. R

Chlorine strips and sanitizer observed.

Food labeled and dated

Staff hav training log near the locker area.

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By signing my name below, I agree to create an electronic record and to adopt the electronic symbol created by me as a representation of my signature on the electronic record, which shall have the same force and effect as a written signature and record, in accordance with 10 U.S.C. Sections 7619 and 7620 (2005).

**Person In Charge (Signature):** Jacqueline Mobley  
**Date:** 10/02/2018

**Inspector (Signature):** Fredrick Polte  
**Date:** 10/02/2018

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FORM DH1023 05/2016