Facility Information

Permit Number: 16-48-04263
Name of Facility: Westview K-8 #274
Address: 5270 Connie Jean Road
City, Zip: Jacksonville 32210

Type: School (9 months or less)
Owner: Duval County School Board
Person In Charge: Tara Kirtsey          Phone: 904-573-1058
PIC Email:

Inspection Information

Purpose: Routine
Inspection Date: 3/21/2019
Correct By: by 8:00 AM
Re-Inspection Date: 4/23/2019

Number of Risk Factors (Items 1-29): 0
Number of Repeat Violations (1-57 R): 0
Facility Grade: N/A
Stop Sale: No

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

Food Borne 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
IN 12. Food received at proper temperature
IN 13. Food in good condition, safe, & unadulterated

PROTECTION FROM CONTAMINATION
IN 14. Shells tagged & parasite destruction
IN 15. Food separated & protected; Single-use gloves

16. Food-contact surfaces; cleaned & sanitized
17. Proper disposal of unsafe food
18. Cooking time & temperatures
19. Reheating procedures for hot holding
20. Cooling time and temperature
21. Hot holding temperatures
22. Cold holding temperatures
23. Date marking and disposition
24. Time as PHC; procedures & records

CONSUMER ADVISORY
25. Advisory for raw/undercooked food

HIGHLY SUSCEPTIBLE POPULATIONS
26. Pasteurized foods used; No prohibited foods

ADDITIVES AND TOXIC SUBSTANCES
27. Food additives: approved & properly used
28. Toxic substances identified, stored, & used

APPROVED PROCEDURES
29. Variance/specialized process/HACCP

RESULT: Unsatisfactory

Inspector Signature:          Client Signature:

Form Number: DH 4023   03/18          16-48-04263 Westview K-8 #274
Violation #35: Approved thawing methods

Observed staff soaking frozen turkey in container filled with water. Must have continuous flowing cold water to prevent temperature abuse. Pointed out to the PIC and the staff corrected on site by placing under cold, running water.

CODE REFERENCE: 64E-11.003(2). Thawing of PHF/TCS foods shall be done in accordance with Rule requirements.

Violation #47: Food & non-food contact surfaces

Replace cracked sneeze guard- far left serving line (if standing in cafeteria looking at serving lines).

CODE REFERENCE: 64E-11.003(4). Equipment and utensils must be properly designed, constructed, and in good repair.

Violation #49: Non-food contact surfaces clean

Clean food debris on floor and shelves of walk-in cooler (straight back and shelving unit on the left).

CODE REFERENCE: 64E-11.003(4). Non-food contact surfaces shall be kept clean and free of an accumulation of dust, dirt, food residue, and other debris.

Good Retail Practices

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

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

Violation #35. Approved thawing methods
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General Comments

Permits and Log Observations:
Facility has new PIC-currently working towards completing Food Manager Certification
Current permit on display
Observed written FDOH required policies and procedures posted on facility walls
Observed UTD temperature and staff training logs

Kitchen/Staff Observations:
All hand sinks have hot & cold water, soap, and paper towels
Hand washing signs observed
Staff restrooms are appropriately stocked
All foods dated and labeled
Quaternary ammonium sanitizer and test strips observed; three compartment sink: 200 ppm; sanitizer buckets: 200 ppm
Mop sink has hot & cold water

Inspector Signature: Will Berlin
Client Signature: Lora Kirksey

Form Number: DH 4023 03/18 16-48-04263 Westview K-8 #274
No pests observed at time of inspection
Dumpster area is clean, and lids observed closed

Temperatures/Measurements:
Hand sink: 108 F
Hot boxes: 180 F, 173 F; hot holding grilled cheese and cheeseburgers
Walk-in Cooler: 35 F; milk inside: 38 F
Walk-in Freezer: 0 F; all TCS foods appear frozen
Reach in refrigerators: 35 F, 37 F; fruit cup: 33 F
Milk boxes: 40 F, 38 F, 40 F, 40 F; milk inside: 37 F, 39 F, 32 F, 40 F

Serving Line 1:
Corn: 163 F
Mac n Cheese: 168 F
Cheeseburger: 145 F
Grilled Cheese: 147 F
Strawberries: 37 F
Apple Sauce: 16 F

Serving Line 2:
Corn: 169 F
Mac n Cheese: 170 F
Cheeseburger: 149 F
Grilled Cheese: 140 F
Strawberries: 32 F

Serving Line 3:
Corn: 173 F
Mac n Cheese: 176 F
Cheeseburger: 143 F
Grilled Cheese: 140 F
Strawberries: 40 F
Apple Sauce: 37 F

Serving Line 4:
Corn: 176 F
Mac n Cheese: 171 F
Cheeseburger: 150 F
Grilled Cheese: 139 F

General Comments:
Facility has a new PIC that is currently working towards completing her food manager certification. FDOH will follow up for reinspection of food manager status on 4-23-19.

Email Address(es): Tara.Kirtsey@compass-usa.com

Inspector Signature:  
Will Melin

Client Signature:  
Tara Kirtsey
Inspection Conducted By: William Devlin (49176)
Inspector Contact Number: Work: (904) 253-2431 ex.
Print Client Name: Tara Kirtsey
Date: 3/21/2019

STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT
FOOD SERVICE
INSPECTION REPORT

Inspector Signature:  
Client Signature:  

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