

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



Facility Information

RESULT: Satisfactory

Permit Number: 53-48-00994
Name of Facility: Lake Wales High School
Address: 1 Highlander Way
City, Zip: Lake Wales 33853

Type: School (more than 9 months)
Owner: Lake Wales High School
Person In Charge: Jessica Hargo Phone: 863-512-7737
PIC Email: j.hargo@slamgmt.com

Inspection Information

Purpose: Routine
Inspection Date: 6/14/2023
Correct By: Next Inspection
Re-Inspection Date: None

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

Begin Time: 09:00 AM
End Time: 09:45 AM

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
- NO** 9. No bare hand contact with RTE food
- IN** 10. Handwashing sinks, accessible & supplies (COS)

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

- IN** 17. Proper disposal of unsafe food

TIME/TEMPERATURE CONTROL FOR SAFETY

- NO** 18. Cooking time & temperatures
- NO** 19. Reheating procedures for hot holding
- IN** 20. Cooling time and temperature
- NO** 21. Hot holding temperatures
- OUT** 22. Cold holding temperatures (COS)
- 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

Inspector Signature:

Client Signature:

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



Good Retail Practices

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

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

<p>Violation #22. Cold holding temperatures Leftover foods (salads, peanut butter and jelly sandwiches) were stored in a reach in refrigerator measured at 59F. These foods were thrown out during the inspection. This refrigerator must be repaired and not used until repair is made. Please replace ambient thermometer as it was not correct (reading 50F).</p> <p>CODE REFERENCE: 64E-11.003(2). PHF/TCS foods, which are held cold, and not subject to an approved HACCP plan, must be maintained at 41°F.</p>
<p>Violation #47. Food & non-food contact surfaces A reach-in refrigerator in the front of the kitchen was not working properly (temperatures were 59F). Some water was also observed to be puddled on floor at the front corner of this refrigerator. This must be repaired.</p> <p>CODE REFERENCE: 64E-11.003(4). Equipment and utensils must be properly designed, constructed, and in good repair.</p>

General Comments

<p>No other violations observed.</p> <p>Email Address(es): j.hargo@slamgmt.com;</p>
--

Inspector Signature:

Client Signature:

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



Inspection Conducted By: Donna Salmon (29345)
Inspector Contact Number: Work: (863) 578-2006 ex.
Print Client Name: Jessica Hargo
Date: 6/14/2023

Inspector Signature:

Handwritten signature of Donna Salmon in black ink.

Client Signature:

Handwritten signature of Jessica Hargo in black ink.

Form Number: DH 4023 03/18

53-48-00994 Lake Wales High School