


Food Establishment Inspection Report

	Facility Type:		<input type="checkbox"/> Bar/Lounge	<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Intermediate Care DD	<input type="checkbox"/> PPEC		
	<input type="checkbox"/> Adult Day Care	<input type="checkbox"/> Civic	<input type="checkbox"/> Fraternal Org.	<input type="checkbox"/> Migrant Housing	<input type="checkbox"/> Recreational Camp	<input type="checkbox"/> Short-term Res Treat		
<input type="checkbox"/> Afterschool Meal Prog	<input type="checkbox"/> Crisis Stabilization Unit	<input type="checkbox"/> Home for Special Services	<input type="checkbox"/> Movie Theater	<input type="checkbox"/> Residential Treatment Fac.	<input type="checkbox"/> Transitional Living Fac			
<input type="checkbox"/> Assisted Living	<input type="checkbox"/> Detention Fac.	<input type="checkbox"/> Hospice		<input checked="" type="checkbox"/> School				
PURPOSE: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Reinspection <input type="checkbox"/> Construction <input type="checkbox"/> Complaint <input type="checkbox"/> Consultation <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Epidemiology <input type="checkbox"/> Temporary Event <input type="checkbox"/> Other _____								
Name of Establishment: Odyssey Charter School				RESULTS:		Correct by:		
Address: 1755 Eldron Blvd SE City: Palm Bay				<input checked="" type="checkbox"/> Satisfactory		<input checked="" type="checkbox"/> Next Routine Inspection		
ZIP Code: 32909		Name of Person in Charge: Cindy Chapman		<input type="checkbox"/> Unsatisfactory		<input type="checkbox"/> 8 A.M. on _____		
Telephone: 321-733-0442		Person in Charge Email: chapmanc@odysseycharterschool.com		<input type="checkbox"/> Incomplete		(Date)		
Date (MM/DD/YY)	Begin Time AM/PM	End Time AM/PM	Permit Number	Position Number	<input type="checkbox"/> Closure			
12/03/18	10:05 AM	11:15 AM	05-48-05154	2993	<input type="checkbox"/> Out of Business			
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: COS=violation corrected on site; R=repeat violation from previous inspection								
Compliance Status			Compliance Status					
IN OUT N/A N/O			IN OUT N/A N/O					
Supervision			Protection from Contamination					
1	<input checked="" type="checkbox"/>	Demonstration of Knowledge/Training		15	<input checked="" type="checkbox"/>	Food separated & protected; single-use gloves		
2	<input type="checkbox"/>	Certified Manager/Person in Charge present		16	<input checked="" type="checkbox"/>	Food-contact surfaces; cleaned & sanitized		
Employee Health			Time/Temperature Control for Safety					
3	<input checked="" type="checkbox"/>	Knowledge, responsibilities and reporting		17	<input checked="" type="checkbox"/>	Proper disposal of unsafe food		
4	<input checked="" type="checkbox"/>	Proper use of restriction and exclusion		18	<input checked="" type="checkbox"/>	Cooking time & temperatures		
5	<input checked="" type="checkbox"/>	Responding to vomiting & diarrheal events		19	<input type="checkbox"/>	Reheating procedures for hot holding		
Good Hygienic Practices			Consumer Advisory					
6	<input checked="" type="checkbox"/>	Proper eating, tasting, drinking, or tobacco use		20	<input checked="" type="checkbox"/>	Cooling time and temperature		
7	<input checked="" type="checkbox"/>	No discharge from eyes, nose, and mouth		21	<input checked="" type="checkbox"/>	Hot holding temperatures		
Preventing Contamination by Hands			Highly Susceptible Populations					
8	<input checked="" type="checkbox"/>	Hands clean & properly washed		22	<input checked="" type="checkbox"/>	Cold holding temperatures		
9	<input checked="" type="checkbox"/>	No bare hand contact with RTE food		23	<input checked="" type="checkbox"/>	Date marking and disposition		
10	<input checked="" type="checkbox"/>	Handwashing sinks, accessible & supplies		24	<input type="checkbox"/>	Time as PHC; procedures & records		
Approved Source			Approved Procedures					
11	<input checked="" type="checkbox"/>	Food obtained from approved source		25	<input type="checkbox"/>	Advisory for raw/undercooked food		
12	<input type="checkbox"/>	Food received at proper temperature		Additives and Toxic Substances				
13	<input checked="" type="checkbox"/>	Food in good condition, safe, & unadulterated		26	<input checked="" type="checkbox"/>	Pasteurized foods used; No prohibited foods		
14	<input type="checkbox"/>	Shellstock tags & parasite destruction		Approved Procedures				
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.			27				<input type="checkbox"/>	Food additives: approved & properly used
			28				<input checked="" type="checkbox"/>	Toxic substances identified, stored, & used
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			IN OUT N/A N/O					
Safe Food and Water			Proper Use of Utensils					
30	<input checked="" type="checkbox"/>	Pasteurized eggs used where required		43	<input checked="" type="checkbox"/>	Utensils: properly stored		
31	<input checked="" type="checkbox"/>	Water & ice from approved source		44	<input checked="" type="checkbox"/>	Equipment & linens: stored, dried, & handled		
32	<input type="checkbox"/>	Variance obtained for special processing		45	<input checked="" type="checkbox"/>	Single-use/single-service articles: stored & used		
Food Temperature Control			Utensils, Equipment and Vending					
33	<input checked="" type="checkbox"/>	Proper cooling methods; adequate equipment		46	<input type="checkbox"/>	Slash-resistant/cloth gloves used properly		
34	<input checked="" type="checkbox"/>	Plant food properly cooked for hot holding		Physical Facilities				
35	<input checked="" type="checkbox"/>	Approved thawing methods		47	<input checked="" type="checkbox"/>	Food & non-food contact surfaces		
36	<input checked="" type="checkbox"/>	Thermometers provided & accurate		48	<input checked="" type="checkbox"/>	Warewashing: installed, maintained, used; test strips		
Food Identification			Physical Facilities					
37	<input checked="" type="checkbox"/>	Food properly labeled; original container		49	<input checked="" type="checkbox"/>	Non-food contact surfaces clean		
Prevention of Food Contamination			Physical Facilities					
38	<input checked="" type="checkbox"/>	Insects, rodents, & animals not present		50	<input checked="" type="checkbox"/>	Hot & cold water available; under pressure		
39	<input checked="" type="checkbox"/>	No Contamination (preparation, storage, display)		51	<input checked="" type="checkbox"/>	Plumbing installed; proper backflow devices		
40	<input checked="" type="checkbox"/>	Personal cleanliness		52	<input checked="" type="checkbox"/>	Sewage & waste water properly disposed		
41	<input checked="" type="checkbox"/>	Wiping cloths: properly used & stored		53	<input checked="" type="checkbox"/>	Toilet facilities: supplied & cleaned		
42	<input checked="" type="checkbox"/>	Washing fruits & vegetables		54	<input checked="" type="checkbox"/>	Garbage & refuse disposal		
By typing my signature, in the signature space provided below, I agree to create an electronic record and to adopt the electronic symbol created by me as a manifestation of my signature on the electronic record, which shall have the same force and effect as a written signature and record, in accordance with s. 668.50, Fla. Stat. (2017) and 15 U.S.C. s. 7001 (2000).			55				<input checked="" type="checkbox"/>	Facilities installed, maintained, & clean
			56				<input checked="" type="checkbox"/>	Ventilation & lighting
Person in Charge (Print & Signature) Callie Anderson			Date: 12/3/18					
Inspector (Print & Signature) Margaret Hansotte			Phone: 321-633-2100 x9375					

