


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"/> Movie Theater	<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"/> Hospice	<input type="checkbox"/> Residential Treatment Fac.	<input type="checkbox"/> Transitional Living Fac		
<input type="checkbox"/> Assisted Living	<input type="checkbox"/> Detention Fac.						
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: Ridgeview Global Studies Academy Inc.				RESULTS:		Correct by:	
Address: 1000 Dunson Rd city: Davenport				<input checked="" type="checkbox"/> Satisfactory		<input checked="" type="checkbox"/> Next Routine Inspection	
ZIP Code: 33837		Name of Person in Charge: Robin Morehead		<input type="checkbox"/> Unsatisfactory		<input type="checkbox"/> 8 A.M. on _____	
Telephone: 863-419-3198		Person in Charge Email: Robin.Morehead@polk-fl.net		<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	Number of Risk Factors/Intervention Violations Marked "OUT" (Items 1-29) 0	
05/30/2019	11:25 AM	12:20 PM	53-48-01941	29341	<input type="checkbox"/> Out of Business	Number of Repeat Violations (1-57 R) 0	
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"/>	<input type="checkbox"/>	Demonstration of Knowledge/Training				
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Certified Manager/Person in Charge present				
Employee Health				Time/Temperature Control for Safety			
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Knowledge, responsibilities and reporting				
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Proper use of restriction and exclusion				
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Responding to vomiting & diarrheal events				
Good Hygienic Practices				Consumer Advisory			
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco use				
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose, and mouth				
Preventing Contamination by Hands				Highly Susceptible Populations			
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hands clean & properly washed				
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No bare hand contact with RTE food				
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Handwashing sinks, accessible & supplies				
Approved Source				Additives and Toxic Substances			
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source				
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature				
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe, & unadulterated				
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Shellstock tags & parasite destruction				
Approved Procedures				Approved Procedures			
15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food separated & protected; single-use gloves				
16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces, cleaned & sanitized				
17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Proper disposal of unsafe food				
18	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cooking time & temperatures				
19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Reheating procedures for hot holding				
20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cooling time and temperature				
21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hot holding temperatures				
22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cold holding temperatures				
23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Date marking and disposition				
24	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Time as PHC; procedures & records				
25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Advisory for raw/undercooked food				
26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pasteurized foods used; No prohibited foods				
27	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food additives: approved & properly used				
28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Toxic substances identified, stored, & used				
29	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Variance/specialized process/HACCP				
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.				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.			
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"/>	<input type="checkbox"/>	Pasteurized eggs used where required				
31	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Water & ice from approved source				
32	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Variance obtained for special processing				
Food Temperature Control				Utensils, Equipment and Vending			
33	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods; adequate equipment				
34	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding				
35	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods				
36	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Thermometers provided & accurate				
Food Identification				Physical Facilities			
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container				
Prevention of Food Contamination				Physical Facilities			
38	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, & animals not present				
39	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Contamination (preparation, storage, display)				
40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness				
41	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used & stored				
42	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Washing fruits & vegetables				
43	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Utensils: properly stored				
44	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Equipment & linens: stored, dried, & handled				
45	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Single-use/single-service articles: stored & used				
46	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Slash-resistant/cloth gloves used properly				
47	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food & non-food contact surfaces				
48	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Warewashing: installed, maintained, used; test strips				
49	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean				
50	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hot & cold water available; under pressure				
51	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices				
52	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sewage & waste water properly disposed				
53	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: supplied & cleaned				
54	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Garbage & refuse disposal				
55	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Facilities installed, maintained, & clean				
56	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ventilation & lighting				
57	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Permit; Fees; Application; Plans				
Person in Charge (Print & Signature) Doris Fabrico				Date: 05/30/2019			
Inspector (Print & Signature) Steven Meadows				Phone: 863-519-8330x2027			