

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



**Facility Information**

**RESULT:** Satisfactory

Permit Number: 09-48-00032  
Name of Facility: Crystal River Primary School  
Address: 947 NE 6th Avenue  
City, Zip: Crystal River 34428

Type: School (more than 9 months)  
Owner: Citrus County School Board  
Person In Charge: Susan Starnella  
PIC Email: casonw@citrus.k12.fl.us

Phone: (352) 795-6103

**Inspection Information**

Purpose: Routine  
Inspection Date: 9/13/2023  
Correct By: Next Inspection  
**Re-Inspection Date: None**

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

Begin Time: 12:15 PM  
End Time: 01:00 PM

*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
- 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
- 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**

- IN 18. Cooking time & temperatures
- NO 19. Reheating procedures for hot holding
- NO 20. Cooling time and temperature
- IN 21. Hot holding temperatures
- IN 22. Cold holding temperatures
- IN 23. Date marking and disposition
- IN 24. Time as PHC; procedures & records

**CONSUMER ADVISORY**

- NA 25. Advisory for raw/undercooked food

**HIGHLY SUSCEPTIBLE POPULATIONS**

- NA 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:

Form Number: DH 4023 03/18

09-48-00032 Crystal River Primary School

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**Good Retail Practices**

**SAFE FOOD AND WATER**

- NA** 30. Pasteurized eggs used where required
- IN** 31. Water & ice from approved source
- NA** 32. Variance obtained for special processing

**FOOD TEMPERATURE CONTROL**

- NO** 33. Proper cooling methods; adequate equipment
- NO** 34. Plant food properly cooked for hot holding
- NO** 35. Approved thawing methods
- IN** 36. Thermometers provided & accurate

**FOOD IDENTIFICATION**

- IN** 37. Food properly labeled; original container

**PREVENTION OF FOOD CONTAMINATION**

- IN** 38. Insects, rodents, & animals not present
- IN** 39. No Contamination (preparation, storage, display)
- IN** 40. Personal cleanliness
- IN** 41. Wiping cloths: properly used & stored
- IN** 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

- IN** 46. Slash resistant/cloth gloves used properly

**UTENSILS, EQUIPMENT AND VENDING**

- OUT** 47. Food & non-food contact surfaces **(R)**
- IN** 48. Ware washing: installed, maintained, & used; test strips
- IN** 49. Non-food contact surfaces clean

**PHYSICAL FACILITIES**

- IN** 50. Hot & cold water available; adequate pressure
- IN** 51. Plumbing installed; proper backflow devices
- IN** 52. Sewage & waste water properly disposed
- IN** 53. Toilet facilities: supplied, & cleaned
- IN** 54. Garbage & refuse disposal
- IN** 55. Facilities installed, maintained, & clean
- IN** 56. Ventilation & lighting
- IN** 57. Permit; Fees; Application; Plans

*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 #47. Food & non-food contact surfaces  
.Observed some ice on condensor and under it. No food had been contaminated. Remove ice and look into repairs on condensor.  
CODE REFERENCE: 64E-11.003(4). Equipment and utensils must be properly designed, constructed, and in good repair.

Inspector Signature:

Client Signature:

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General Comments

Cafeteria satisfactory at time of inspection.

Progress has been made on ice buildup since last inspection, small volume of ice and it is contained to a pan with no food observed with ice buildups. Continue to periodically remove ice from freezer so that large enough amounts to contaminate food do not form.

Hot Hold temperatures

Left warmer, chicken bites 145-156. Just out of oven ones at 206F

Right warmer, chicken bites 151-178F

Cold hold temperatures

Right milk cooler 36F, Left milk cooler 37F

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Inspection Conducted By: Thomas Daugherty (909118)

Inspector Contact Number: Work: (352) 513-6108 ex.

Print Client Name:

Date: 9/13/2023

Inspector Signature:

Client Signature: