

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



Facility Information

RESULT: Satisfactory

Permit Number: 52-48-00105
 Name of Facility: Hollins High School
 Address: 4940 62nd Street N
 City, Zip: St Petersburg 33709

 Type: School (more than 9 months)
 Owner: Pinellas County Schools-Food Service Area IV
 Person In Charge: Florio, Robert Phone: (727) 547-7876
 PIC Email: florio@pcsb.org

Inspection Information

Purpose: Routine	Number of Risk Factors (Items 1-29): 0	Begin Time: 09:30 AM
Inspection Date: 9/18/2025	Number of Repeat Violations (1-57 R): 0	End Time: 10:45 AM
Correct By: None	Facility Grade: N/A	
Re-Inspection Date: None	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

FoodBorne Illness Risk Factors And Public Health Interventions

SUPERVISION	
<input checked="" type="checkbox"/> 1. Demonstration of Knowledge/Training	<input checked="" type="checkbox"/> 16. Food-contact surfaces; cleaned & sanitized
<input checked="" type="checkbox"/> 2. Certified Manager/Person in charge present	<input checked="" type="checkbox"/> 17. Proper disposal of unsafe food
EMPLOYEE HEALTH	
<input checked="" type="checkbox"/> 3. Knowledge, responsibilities and reporting	TIME/TEMPERATURE CONTROL FOR SAFETY
<input checked="" type="checkbox"/> 4. Proper use of restriction and exclusion	<input checked="" type="checkbox"/> 18. Cooking time & temperatures
<input checked="" type="checkbox"/> 5. Responding to vomiting & diarrheal events	<input checked="" type="checkbox"/> 19. Reheating procedures for hot holding
GOOD HYGIENIC PRACTICES	
<input checked="" type="checkbox"/> 6. Proper eating, tasting, drinking, or tobacco use	<input checked="" type="checkbox"/> 20. Cooling time and temperature
<input checked="" type="checkbox"/> 7. No discharge from eyes, nose, and mouth	<input checked="" type="checkbox"/> 21. Hot holding temperatures
PREVENTING CONTAMINATION BY HANDS	
<input checked="" type="checkbox"/> 8. Hands clean & properly washed	<input checked="" type="checkbox"/> 22. Cold holding temperatures
<input checked="" type="checkbox"/> 9. No bare hand contact with RTE food	<input checked="" type="checkbox"/> 23. Date marking and disposition
<input checked="" type="checkbox"/> 10. Handwashing sinks, accessible & supplies	<input checked="" type="checkbox"/> 24. Time as PHC; procedures & records
APPROVED SOURCE	
<input checked="" type="checkbox"/> 11. Food obtained from approved source	CONSUMER ADVISORY
<input checked="" type="checkbox"/> 12. Food received at proper temperature	<input checked="" type="checkbox"/> 25. Advisory for raw/undercooked food
<input checked="" type="checkbox"/> 13. Food in good condition, safe, & unadulterated	HIGHLY SUSCEPTIBLE POPULATIONS
<input checked="" type="checkbox"/> 14. Shellstock tags & parasite destruction	<input checked="" type="checkbox"/> 26. Pasteurized foods used; No prohibited foods
PROTECTION FROM CONTAMINATION	
<input checked="" type="checkbox"/> 15. Food separated & protected; Single-use gloves	ADDITIVES AND TOXIC SUBSTANCES
	<input checked="" type="checkbox"/> 27. Food additives: approved & properly used
	<input checked="" type="checkbox"/> 28. Toxic substances identified, stored, & used
	APPROVED PROCEDURES
	<input checked="" type="checkbox"/> 29. Variance/specialized process/HACCP

Inspector Signature:

Client Signature:

Form Number: DH 4023 03/18

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Good Retail Practices

SAFE FOOD AND WATER

IN 30. Pasteurized eggs used where required

IN 31. Water & ice from approved source

NA 32. Variance obtained for special processing

FOOD TEMPERATURE CONTROL

IN 33. Proper cooling methods; adequate equipment

NO 34. Plant food properly cooked for hot holding

IN 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

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

NO 46. Slash resistant/cloth gloves used properly

UTENSILS, EQUIPMENT AND VENDING

IN 47. Food & non-food contact surfaces

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

No Violation Comments Available

General Comments

NO VIOLATIONS AT TIME OF INSPECTION

Notes: HWS- 124-136F, Food Temps- HHline: Chicken 162F, HHline: Rice 144F, HHline Chicke 142F, MC: Milk 36F, MC: Milk 39F, MC: Juice 40F, CHline: Juice 41F, CHline: Fruit 137F, 1DHH: Fish 139F, 1DHH: Beef 139F, 1DHH: Rice 140F, WIC: Milk 40F, WIF: Frozen, Equip- HTDM: 169F, 4CS: Quat 400F, 2CS x2, Fire Extinguisher tagged- 10/24, Hood/Ansul tagged- 7/25, CPFM- N/A

Email Address(es): peronec@pcsb.org;
metcalfc@pcsb.org;
mathewa@pcsb.org;
walkerdu@pcsb.org

Inspection Conducted By: Ryan MacQueen (54983)
Inspector Contact Number: Work: (727) 275-6506 ex.
Print Client Name: Abraham Mathew
Date: 9/18/2025

Inspector Signature:

Client Signature:

Form Number: DH 4023 03/18

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