

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



**Facility Information**

**RESULT: Satisfactory**

Permit Number: 52-48-00201  
Name of Facility: Azalea Middle School  
Address: 7855 22nd Avenue N  
City, Zip: St Petersburg 33710

Type: School (more than 9 months)  
Owner: Pinellas County Schools-Food Service Area IV  
Person In Charge: Helbling, Jason Phone: (727) 893-2606  
PIC Email: helblingj@pcsb.org

**Inspection Information**

Purpose: Routine  
Inspection Date: 5/8/2026  
Correct By: None  
**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: 11:00 AM  
End Time: 12:15 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
- NA** 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
- 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
- NO** 20. Cooling time and temperature
- IN** 21. Hot holding temperatures
- IN** 22. Cold holding temperatures
- 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**

- NA** 26. Pasteurized foods used; No prohibited foods

**ADDITIVES AND TOXIC SUBSTANCES**

- NA** 27. Food additives: approved & properly used
- OUT** 28. Toxic substances identified, stored, & used (**COS**)

**APPROVED PROCEDURES**

- NA** 29. Variance/specialized process/HACCP

Inspector Signature:

Client Signature:

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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
- 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

- 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

Violation #28. Toxic substances identified, stored, & used

Working containers of a poisonous or toxic material without common name on the container. Observed an unlabeled chemical spray bottle at time of inspection. **\*\*CORRECTED ON SITE\*\*** Spray bottle labeled.

CODE REFERENCE: 64E-11.003(6). Toxic substances properly identified, stored and used

### General Comments

Notes: HWS- 114F, Food Temps- HH table: empty/off, 2dr HH unit: cheeseburger 143F, 2dr HH unit: pepperoni pizza 137F, 2dr RIC: empty, ambient 41F, milk cooler: milk 39F, milk cooler: milk 41F, 4d RIC: empty/off, WIC: yogurt 36F, WIF: frozen, Equip- HTDM: 174F, 3CS: 400 ppm Quat, 2CS, 1CSx2, RR HWS: 100F, Mop sink: 107F, Lighting: 59FC, Fire Extinguisher tagged- 10/2025, Hood/Ansul tagged- 4/2026, CFPM- Tabitha Gentile #23550660 exp. 3/21/2028.

Email Address(es): Helblingj@pcsb.org;  
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Inspector Signature:

Client Signature:

Form Number: DH 4023 03/18

52-48-00201 Azalea Middle School

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Inspection Conducted By: Mariah Rockey (29161)  
Inspector Contact Number: Work: (727) 275-6479 ex.  
Print Client Name: Tabitha Gentile  
Date: 5/8/2026

Inspector Signature:

Handwritten signature of Mariah Rockey, consisting of the letters "MR" in a stylized cursive font.

Client Signature:

Handwritten signature of Tabitha Gentile, appearing as a cursive scribble.