

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



Facility Information

RESULT: Satisfactory

Permit Number: 52-48-00712
 Name of Facility: Frontier Elementary
 Address: 6995 Hopedale Lane
 City, Zip: Clearwater 33764

Type: School (more than 9 months)
 Owner: Pinellas County Schools-Food Service Area III
 Person In Charge: Owens, Gina Phone: (727) 538-7335
 PIC Email: owensg@pcsb.org

Inspection Information

Purpose: Routine	Number of Risk Factors (Items 1-29): 0	Begin Time: 10:30 AM
Inspection Date: 5/22/2026	Number of Repeat Violations (1-57 R): 1	End Time: 11:30 AM
Correct By: Next Inspection	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

- 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

- NO** 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

- IN** 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:

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Good Retail Practices

SAFE FOOD AND WATER	
<u>NA</u> 30. Pasteurized eggs used where required	<u>NA</u> 46. Slash resistant/cloth gloves used properly
<u>IN</u> 31. Water & ice from approved source	UTENSILS, EQUIPMENT AND VENDING
<u>NA</u> 32. Variance obtained for special processing	<u>IN</u> 47. Food & non-food contact surfaces
FOOD TEMPERATURE CONTROL	<u>IN</u> 48. Ware washing: installed, maintained, & used; test strips
<u>IN</u> 33. Proper cooling methods; adequate equipment	<u>IN</u> 49. Non-food contact surfaces clean
<u>NO</u> 34. Plant food properly cooked for hot holding	PHYSICAL FACILITIES
<u>IN</u> 35. Approved thawing methods	<u>IN</u> 50. Hot & cold water available; adequate pressure
<u>IN</u> 36. Thermometers provided & accurate	<u>IN</u> 51. Plumbing installed; proper backflow devices
FOOD IDENTIFICATION	<u>IN</u> 52. Sewage & waste water properly disposed
<u>IN</u> 37. Food properly labeled; original container	<u>IN</u> 53. Toilet facilities: supplied, & cleaned
PREVENTION OF FOOD CONTAMINATION	<u>IN</u> 54. Garbage & refuse disposal
<u>IN</u> 38. Insects, rodents, & animals not present	<u>IN</u> 55. Facilities installed, maintained, & clean
<u>IN</u> 39. No Contamination (preparation, storage, display)	<u>OUT</u> 56. Ventilation & lighting (R)
<u>IN</u> 40. Personal cleanliness	<u>IN</u> 57. Permit; Fees; Application; Plans
<u>IN</u> 41. Wiping cloths: properly used & stored	
<u>NO</u> 42. Washing fruits & vegetables	
PROPER USE OF UTENSILS	
<u>IN</u> 43. In-use utensils: properly stored	
<u>IN</u> 44. Equipment & linens: stored, dried, & handled	
<u>IN</u> 45. Single-use/single-service articles: stored & used	

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 #56. Ventilation & lighting
 Non-working light bulb located in serving line and in kitchen. Observed 1 non-working light bulb in kitchen at time of inspection. ****REPEAT VIOLATION****

CODE REFERENCE: 64E-11.003(6)(a). Adequate exhaust ventilation hood systems in food prep and warewashing areas shall be provided and designed. 50 foot candles shall be at surfaces where employees work with food and 20 foot candles shall be at surfaces where food is provided to consumers.

General Comments

Facility is satisfactory, correct violation 56 by next routine inspection.

Notes:
 HWS: 141F
 Food temps: WIC: chicken base 39F, WIF: frozen, HHT: macaroni and cheese 186F, CHT: fruit cup 41F, 2DRIC: pears 36F, 1DHHU: pizza 135F, ice cream freezer: frozen
 Equip: HTDM: 173F, 3CS: 400ppm quat, sanitizer bucket: 200ppm quat, lighting: 67FC, RRHWS: 131F
 FE: 04/2026
 Hood: 01/2026
 CPFM: Craig Hajdich Servsafe #25201331 expires 2/16/2029

Email Address(es): anastasasa@pcsb.org;
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 ;
 mungallt@pcsb.org;
 owensg@pcsb.org;
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Inspector Signature:

Client Signature:

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Inspection Conducted By: Taigan Ridenour (29176)
Inspector Contact Number: Work: (727) 275-6472 ex.
Print Client Name: Craig Hajdich
Date: 5/22/2026

Inspector Signature:

Handwritten signature of Taigan Ridenour in blue ink.

Client Signature:

Handwritten signature of Craig Hajdich in blue ink.

Form Number: DH 4023 03/18

52-48-00712 Frontier Elementary