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

Facility Information

RESULT: Satisfactory

Permit Number: 52-48-03593
Name of Facility: New Heights Elementary
Address: 3901 37th Street N
City, Zip: St Petersburg 33714

Type: School (more than 9 months)
Owner: Pinellas County Schools-Food Service Area IV
Person In Charge: Boulanger, Christopher Phone: (727) 521-5350
PIC Email: boulangerc@pcsb.org

Inspection Information

Purpose: Routine
Inspection Date: 11/3/2026
Correct By: None
Re-Inspection Date: None

Number of Risk Factors (Items 1-29): 1
Number of Repeat Violations (1-57 R): 0
FacilityGrade: N/A
StopSale: No

Begin Time: 10:45 AM
End Time: 11:45 AM

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
IN 20. Cooling time and temperature
IN 21. Hot holding temperatures
OUT 22. Cold holding temperatures **(COS)**
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:

MM

Client Signature:

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

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
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 #22. Cold holding temperatures
Time-temperature controlled for safety (TCS) food cold held at greater than 41F. Observed sliced cucumbers on cold holding table temping at 51F at time of inspection. *CORRECTED ON-SITE* Cucumbers removed off table and placed into 2DRIC, replaced with second batch of cucumbers temping at 41F.

CODE REFERENCE: 64E-11.003(2). PHF/TCS foods, which are held cold, and not subject to an approved HACCP plan, must be maintained at 41°F.

General Comments

Facility is satisfactory.

Notes: HWS- 109F, Food Temps- Cold Holding table: sliced cucumbers 51F (final temp 46F), HH table: corndog 144F, Milk Cooler: milk 35F, icecream freezer: frozen, 2DRIC: sliced cucumbers 41F, juice 40F, 2DHH unit: ham wraps 146F, 1DRIC: staff only, 2DRIF: frozen, WIC: butter 37F, WIF: frozen, Equipment- HTDM: 160.8F, 3CS: Quat not set, Lighting: 67FC, RRHWS: 112F, Mop: 116F, FE- 10/2026, Hood/ansul- 10/2026, CFPM- Joe Maniaci ServSafe #21617402 exp 1/18/2027.

Email Address(es): Ayottet@pcsb.org;
boulangerc@pcsb.org;
liemal@pcsb.org;
maniacij@pcsb.org;
PastoreD@pcsb.org;
perronec@pcsb.org;
PastoreD@pcsb.org

Inspector Signature:

Client Signature:

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

Inspection Conducted By: Maria Martinez (54983)
Inspector Contact Number: Work: (727) 275-6474 ex.
Print Client Name: Joe Maniaci
Date: 11/3/2026

Inspector Signature:

Client Signature: