

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



- PURPOSE:**
- ROUTINE REINSPECTION
 - CONSTRUCT. CHANGE OF OWNER
 - COMPLAINT CONSULTATION
 - QA SURVEY OTHER
 - OTHER _____

NAME OF ESTABLISHMENT _____

ADDRESS _____ **CITY** _____

OWNER _____ **ZIP** _____

PERSON IN CHARGE _____ **PHONE** _____

RESULTS

Satisfactory

Incomplete

Unsatisfactory

Correct Violations by

Next Inspection

8:00 AM on:

DATE	
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

OUT OF BUSINESS

BEGIN	END	DATE	POSITION #	CERTIFICATE NUMBER	TYPE
1:00	1:00				<input type="checkbox"/> Hospital
2:05 AM	2:05 AM	08/08/08	815	48-3-00000	<input type="checkbox"/> Nursing
3:10 PM	3:10 PM	08/08/08			<input type="checkbox"/> Detention
4:15	4:15	08/08/08			<input type="checkbox"/> Lounge
5:20	5:20	08/08/08			<input type="checkbox"/> Civic
6:25	6:25	08/08/08			<input type="checkbox"/> Movie
7:30	7:30	08/08/08			<input checked="" type="checkbox"/> School
8:35	8:35	08/08/08			<input type="checkbox"/> Residen.
9:40	9:40	08/08/08			<input type="checkbox"/> Child
10:45	10:45	08/08/08			<input type="checkbox"/> Limited
11:50	11:50	08/08/08			<input type="checkbox"/> Other
12:55	12:55	08/08/08			

Items marked below violate the requirements of Chapter 64E-11 of the Florida Administrative Code and must be corrected. Continued operation of this facility without making these corrections is a violation of Chapter 64E-11, Florida Administrative Code and Chapters 381, and 386, Florida Statutes. Violations must be corrected by the date and time indicated in the Results section above or an administrative fine or other legal action will be initiated.

<input type="checkbox"/> 1. Sources, etc.	<input type="checkbox"/> 14. Sneeze guards	<input type="checkbox"/> 27. Design and fabrication	OTHER FACILITIES AND OPERATIONS
<input type="checkbox"/> 2. Stored temperature	<input type="checkbox"/> 15. Transportation of food	<input type="checkbox"/> 28. Installation and location	<input type="checkbox"/> 39. Other facilities and operations
<input type="checkbox"/> 3. No further cooking/Rapid cooling	<input type="checkbox"/> 16. Poisonous/Toxic materials	<input type="checkbox"/> 29. Cleanliness of equipment	TEMPORARY FOOD SERVICE EVENTS
<input type="checkbox"/> 4. Thawing	PERSONNEL	<input type="checkbox"/> 30. Methods of washing	<input type="checkbox"/> 40. Temporary food service events
<input type="checkbox"/> 5. Raw fruits	<input type="checkbox"/> 17. Exclusion of personnel	SANITARY FACILITIES AND CONTROLS	VENDING MACHINES
<input type="checkbox"/> 6. Pork cooking	<input type="checkbox"/> 18. Cleanliness	<input type="checkbox"/> 31. Water supply	<input type="checkbox"/> 41. Vending machines
<input type="checkbox"/> 7. Poultry cooking	<input type="checkbox"/> 19. Tobacco use	<input type="checkbox"/> 32. Ice	MANAGER CERTIFICATION
<input type="checkbox"/> 8. Other animal cooking	<input type="checkbox"/> 20. Handwashing	<input type="checkbox"/> 33. Sewage	<input type="checkbox"/> 42. Manager certification
<input type="checkbox"/> 9. Least contact/Reheating	<input type="checkbox"/> 21. Handling of dishware	<input type="checkbox"/> 34. Plumbing	CERTIFICATES AND FEES
<input type="checkbox"/> 10. Food container	EQUIPMENT/UTENSILS	<input type="checkbox"/> 35. Toilet facilities	<input type="checkbox"/> 43. Certificates and fees
<input type="checkbox"/> 11. Buffet requirements	<input type="checkbox"/> 22. Refrigeration facilities/Thermometers	<input type="checkbox"/> 36. Handwashing facilities	INSPECTION/ENFORCEMENT
<input type="checkbox"/> 12. Self-service condiments	<input type="checkbox"/> 23. Sinks	<input type="checkbox"/> 37. Garbage disposal	<input type="checkbox"/> 44. Inspection/Enforcement
<input type="checkbox"/> 13. Reserve of food	<input type="checkbox"/> 24. Ice storage/Counter-protector	<input type="checkbox"/> 38. Vermin control	
	<input type="checkbox"/> 25. Ventilation/Storage/Sufficient equipment		
	<input type="checkbox"/> 26. Dishwashing facilities		

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)

HEALTH DEPARTMENT INSPECTOR: _____ PHONE: _____

COPY OF REPORT RECEIVED BY: _____ DATE: _____

023, 1/05 (Obsoletes Previous Editions)

ESTABLISHMENT/FACILITY