STATE OF FLORIDA DEPARTMENT OF HEALTH

COUNTY HEALTH DEPARTMENT **PURPOSE:** FOOD SERVICE ROUTINE ☐ REINSPECTION INSPECTION REPORT CONSTRUCT. CHANGE OF OWNER ☐ COMPLAINT ☐ CONSULTATION CA SURVEY ☐ OTHER ☐ OTHER RESULTS NAME OF ESTABLISHM Satisfactory ☐ Incomplete **ADDRESS** Unsatisfactory OWNER Correct Violations by Mext Inspection PERSON IN CHARGE **□** 8:00 AM on: BEGIN END DATE DATE CERTIFICATE NUMBER TYPE 100 100 4 8 2 05 AM 2 05 AM 0 0 0 0 0 0 ☐ Hospital 3 10 PM 3 10 PM 0 0 0 0 05 00000 0 0 0 0 00000 1 1 1 1 0 06 □ Nursing 222 07 4 15 4 15 1010 111 06 61 101 fichala Detention 3 3 3 5 20 2 2 2 07 22222 212 2 2 22222 □ 08 5 20 □ Lounge 4 09 6 25 3 3 3 □ 08 33333 3 3 3 3 3 3 3 3 3 14 6 25 Civic 5 5 _ 10 7 30 7 30 4 4 **= 09** 44444 4 4 4 44444 ☐ Movie 5 5 5 5 5 5 5 5 5 5 5 5 5 5 6 6 11 8 35 8 35 5 5 **10** School School 7 7 **12** 9 40 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 9 40 11 Residen. 7 12 77 77777 8 8 **13** 10 45 10 45 7 777777 77 Child 9 9 714 11 50 8 8 8 8 8 8 8 8 1150 8 8 **13** 8 8 8 8 8 □ Limited **OUT OF BUSINESS** 12 55 12 55 9 9 □ 14 9 9 9 9 9 9 9 9 9 9 9 9 9 9 □ Other 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. 27. Design and fabrication FOOD SUPPLIES ☐ 14. Sneeze guards OTHER FACILITIES 1. Sources, etc 15. Transportation of food 28. Installation and location AND OPERATIONS 39. Other facilities and operations ☐ 16. Poisonous/Toxic materials 29. Cleanliness of equipment FOOD PROTECTION 2. Stored temperature 30. Methods of washing **TEMPORARY FOOD** PERSONNEL 3. No further cooking/Rapid cooling 17. Exclusion of personnel SANITARY FACILITIES SERVICE EVENTS ☐ 18. Cleanliness 40. Temporary food service events 4. Thawing AND CONTROLS 5. Raw fruits ☐ 19. Tobacco use 31. Water supply VENDING MACHINES 41. Vending machines 6. Pork cooking 20. Handwashing 7. Poultry cooking 21. Handling of dishware 33. Sewage MANAGER CERTIFICATION 34. Plumbing 42. Manager certification 8. Other animal cooking **EQUIPMENT/UTENSILS** ☐ 35. Toilet facilities 9. Least contact/Reheating 22. Refrigeration facilities/Thermometers **CERTIFICATES AND FEES** 73 Sinks 36. Handwashing facilities 43. Certificates and fees 10. Food container 11. Buffet requirements 24. Ice storage/Counter-protector 37. Garbage disposal INSPECTION/ENFORCEMENT 44. Inspection/Enforcement 12. Self-service condiments □ 13. Reservice of food 26. Dishwashing facilities COMMENTS AND INSTRUCTIONS ITEM NUMBERS

HEALTH DEPARTMENT INSPECTOR:

DH Form 4023, 1/05 (Obsoletes Previous Editions)

COPY OF REPORT RECEIVED BY: _

ESTABLISHMENT/FACILITY

STATE OF FLORIDA **DEPARTMENT OF HEALTH**

COUNTY HEALTH DEPARTMENT



PURPOSE: FOOD SERVICE

ROUTINE	REINSPECTION REPORT						
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Violations noted on the previous inspection were corrected.							
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HEALTH DEPARTMENT INSPECTOR:							
COPY OF REPORT RECEIVED BY: DATE: 09/28/20/2							

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