STATE OF FLORIDA DEPARTMENT OF HEALTH COUNTY HEALTH DEPARTMENT

PURPOSE:

ROUTINE

REINSPECTION





| CONSTRUCT. | CHANGE OF OWNER INSPECTION REPORT | O COD WE IRUST |
|---|--|-------------------------|
| ☐ COMPLAINT | CONSULTATION | - Mannagar |
| □ QA SURVEY | □ OTHER | |
| OTHER | | RESULTS |
| NAME OF FCTA | BLISHMENT EASTSIDE HIGH SCHOOL | RESULIS |
| NAME OF ESTA | 12.55,1 | - Satisfactory |
| ADDRESS | 1201°4310 ST. CITY GAINESVILLE | □ Incomplete |
| OWNER | CRAC (FACALLILA) | □ Unsatisfactory |
| OWNER | A LIF CONTRACTOR | Correct Violations by |
| PERSON IN CH. | RGE AMY KELLER PHONE | □ Next Inspection |
| BECIN LINE | | □ 8:00 AM on: |
| BEGIN END | | DATE |
| 1230pm 10 | DATE POSITION # CERTIFICATE NUMBER TYPE | DATE |
| 100 100 | THE | |
| 2 05 AM 2 05 AM | 022615 26870 91-48-00060 - Hospital | 0 0 0 0 0 0 5 |
| 3 10 PM 3 10 PM | 0.0000000 0.000000 0.0000000 0.0000000 0.000000 | 古山山山口06 |
| 4 15 4 15 | Detention | 222007 |
| 5 20 5 20 | 222 07 2222 2 22 22 2 | 3 3 3 08 |
| 6 25 6 25 | 3333 08 333333 33 33 333333 Civic | 4 4 09 |
| 7 30 7 30 | 4 4 09 4 4 4 4 4 4 4 A A A A A A A A A A A A | 5 5 10 |
| C8:35i C8:35i | 5 5 5 School | 6 6 11 |
| C9 40 C9 40 | 6 6 11 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 | 7 7 12 |
| 10 45 10 45 | ウ ホロ12 カカスカカ カカ カカカカカ ロ Child | 8 8 13 |
| 1150 1150 | 6 6 13 8 8 8 8 8 8 8 8 | 9 9 14 |
| 12 55 12 55 | 9 9 14 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 | OUT OF BUSINESS |
| | riolate the requirements of Chapter 64E-11 of the Florida Administrative Code and must be corrected. Cont corrections is a violation of Chapter 64E-11, Florida Administrative Code and Chapters 381, and 386, Flori and time indicated in the Results section above or an administrative fine or other legal action will be initiate. | |
| FOOD SUPPLIES | ☐ 14. Sneeze guards ☐ 27. Design and fabrication OTHER FAC | ILITIES |
| 1. Sources, etc. | ☐ 15. Transportation of food ☐ 28. Installation and location AND OPERA | TIONS |
| FOOD PROTECTIO | 27. Cleaniness of equipment 39. Other rac | cilities and operations |
| 2. Stored temperature | 1 So. Wethods of washing TEMPORARY | FOOD |
| 3. No further cooking | SANITARI FACILITIES SERVICE EV | ENTS |
| 4. Thawing | | ry food service events |
| 5. Raw fruits | ☐ 19. Tobacco use ☐ 31. Water supply VENDING MA | ACHINES |
| 6. Pork cooking | □ 20. Handwashing 100° □ 32. Ice □ 41. Vending | machines |
| 7. Poultry cooking | ☐ 21. Handling of dishware ☐ 33. Sewage MANAGER C | ERTIFICATION |
| 8. Other animal cooki | 42. Manager | certification |
| 9. Least contact/Rehe | CERTIFICAT | ES AND FEES |
| 10. Food container | ☐ 23. Sinks ☐ 36. Handwashing facilities ☐ 43. Certificat | es and fees |
| □ 11. Buffet requirement □ 12. Self-service condin | INSPECTION | /ENFORCEMENT |
| 13. Reservice of food | 44. Inspectio | n/Enforcement |
| 15. Reservice of food | 26. Dishwashing facilities 3 Can + SAN | |
| NUMBERS Code: 35° 36° France = 10° (continue on attached sheet) | | |
| | CATACTI - D | |
| | SATTSFACTORY | |
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| | Aller To American Research Control | - to |
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| | an emergence of the second | |
| HEALTH DEPARTMENT IN | SPECTOR:PHONE: | 7930 X 3511 |
| COPY OF REPORT RECEI | EDBY X (MG M 1/1/1) 2/20 | 11 |
| DH Form 4023, 1/05 (Obsolet | DATE: | 15 |