

STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT



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

FOOD SERVICE
INSPECTION REPORT

NAME OF ESTABLISHMENT ALACHUA ELEMENTARY SCHOOL
 ADDRESS 13800 NW 140th St. CITY ALACHUA
 OWNER S B A C. ZIP 32011
 PERSON IN CHARGE Arlene Baly PHONE (386) 462-1841

RESULTS

Satisfactory
 Incomplete
 Unsatisfactory

Correct Violations by
 Next Inspection
 8:00 AM on:

DATE
00-00-00-00-05
01-01-01-01-06
02-02-02-02-07
03-03-03-03-08
04-04-04-04-09
05-05-05-05-10
06-06-06-06-11
07-07-07-07-12
08-08-08-08-13
09-09-09-09-14

OUT OF BUSINESS

BEGIN	END	DATE	POSITION #	CERTIFICATE NUMBER	TYPE
00:00	00:00	01/15/09	26882	01-48-00010	<input type="checkbox"/> Hospital
01:05 AM	02:05 AM				<input type="checkbox"/> Nursing
03:10 PM	03:10 PM				<input type="checkbox"/> Detention
04:15	04:15				<input type="checkbox"/> Lounge
05:20	05:20				<input type="checkbox"/> Civic
06:25	06:25				<input type="checkbox"/> Movie
07:30	07:30				<input checked="" type="checkbox"/> School
08:35	08:35				<input type="checkbox"/> Residen.
09:40	09:40				<input type="checkbox"/> Child
10:45	10:45				<input type="checkbox"/> Limited
11:50	11:50				<input type="checkbox"/> Other
12:55	12:55				

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.

- | | | | |
|--|---|--|--|
| FOOD SUPPLIES | <input type="checkbox"/> 14. Sneeze guards ✓ | <input type="checkbox"/> 27. Design and fabrication | OTHER FACILITIES AND OPERATIONS |
| <input type="checkbox"/> 1. Sources, etc. | <input type="checkbox"/> 15. Transportation of food | <input type="checkbox"/> 28. Installation and location | <input checked="" type="checkbox"/> 39. Other facilities and operations <i>1/14/09</i> |
| FOOD PROTECTION | <input type="checkbox"/> 16. Poisonous/Toxic materials | <input type="checkbox"/> 29. Cleanliness of equipment | TEMPORARY FOOD SERVICE EVENTS |
| <input type="checkbox"/> 2. Stored temperature <i>(2)</i> | PERSONNEL | <input type="checkbox"/> 30. Methods of washing | <input type="checkbox"/> 40. Temporary food service events |
| <input type="checkbox"/> 3. No further cooking/Rapid cooling | <input type="checkbox"/> 17. Exclusion of personnel | SANITARY FACILITIES AND CONTROLS | VENDING MACHINES |
| <input type="checkbox"/> 4. Thawing | <input type="checkbox"/> 18. Cleanliness ✓ | <input type="checkbox"/> 31. Water supply | <input type="checkbox"/> 41. Vending machines |
| <input type="checkbox"/> 5. Raw fruits | <input type="checkbox"/> 19. Tobacco use | <input type="checkbox"/> 32. Ice | MANAGER CERTIFICATION |
| <input type="checkbox"/> 6. Pork cooking | <input type="checkbox"/> 20. Handwashing | <input type="checkbox"/> 33. Sewage | <input type="checkbox"/> 42. Manager certification |
| <input type="checkbox"/> 7. Poultry cooking | <input type="checkbox"/> 21. Handling of dishware ✓ | <input type="checkbox"/> 34. Plumbing | CERTIFICATES AND FEES |
| <input type="checkbox"/> 8. Other animal cooking | EQUIPMENT/UTENSILS | <input type="checkbox"/> 35. Toilet facilities | <input type="checkbox"/> 43. Certificates and fees |
| <input type="checkbox"/> 9. Least contact/Reheating | <input type="checkbox"/> 22. Refrigeration facilities/Thermometers | <input checked="" type="checkbox"/> 36. Handwashing facilities <i>30°F</i> | INSPECTION/ENFORCEMENT |
| <input type="checkbox"/> 10. Food container <i>(2)</i> | <input type="checkbox"/> 23. Sinks ✓ | <input type="checkbox"/> 37. Garbage disposal | <input type="checkbox"/> 44. Inspection/Enforcement |
| <input type="checkbox"/> 11. Buffet requirements | <input type="checkbox"/> 24. Ice storage/Counter-protector | <input type="checkbox"/> 38. Vermin control <i>(2)</i> | |
| <input type="checkbox"/> 12. Self-service condiments | <input type="checkbox"/> 25. Ventilation/Storage/Sufficient equipment | | |
| <input type="checkbox"/> 13. Reservice of food | <input type="checkbox"/> 26. Dishwashing facilities <i>Hobart @ 140°F w/Hot R(w/sanitize)</i> | | |

ITEM NUMBERS *w/r @ 12°F* *Water temp @ 12°F* *Handwash sink @ 12°F* *Light bulbs out @ 2nd cabling fixture over serving line.*

COMMENTS AND INSTRUCTIONS (continue on attached sheet)

(13) Water temperatures @ handwash sink @ 12°F. (Wash sink already sanitized to repair hot water heater tank)

(13) Light bulbs out @ 2nd cabling fixture over serving line.

(1) No food service at time of today's inspection. [Between breakfast & lunch]

(1) Kitchen very clean - systems well operated. [Thanks up!]

HEALTH DEPARTMENT INSPECTOR: Lee Cooper PHONE: 334 7433

COPY OF REPORT RECEIVED BY: [Signature] DATE: 1-15-09