

**STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT**



PURPOSE:

- ROUTINE
- CONSTRUCT.
- COMPLAINT
- QA SURVEY
- OTHER
- REINSPECTION
- CHANGE OF OWNER
- CONSULTATION
- OTHER

**FOOD SERVICE
INSPECTION REPORT**

NAME OF ESTABLISHMENT CAMP CRISTA LAKE
 ADDRESS 6725 Camp Crista Lake Rd. CITY STA
 OWNER ANITA C. C.B. ZIP 32091
 PERSON IN CHARGE LOU OYENANTE PHONE 475-4117

RESULTS

Satisfactory
 Incomplete
 Unsatisfactory

Correct Violations by
 Next Inspection
 8:00 AM on:

DATE
03-05-12
03-06-12
03-07-12
03-08-12
03-09-12
03-10-12
03-11-12
03-12-12
03-13-12
03-14-12

OUT OF BUSINESS

BEGIN	END	DATE	POSITION #	CERTIFICATE NUMBER	TYPE
11:00 A	12:00 P	03-05-12	01-01-01	10-18-0047	<input type="checkbox"/> Hospital
12:00 P	01:00 A	03-05-12	01-01-01	10-18-0047	<input type="checkbox"/> Nursing
01:00 A	02:00 P	03-05-12	01-01-01	10-18-0047	<input type="checkbox"/> Detention
02:00 P	03:00 A	03-05-12	01-01-01	10-18-0047	<input type="checkbox"/> Lounge
03:00 A	04:00 P	03-05-12	01-01-01	10-18-0047	<input type="checkbox"/> Civic
04:00 P	05:00 A	03-05-12	01-01-01	10-18-0047	<input type="checkbox"/> Movie
05:00 A	06:00 P	03-05-12	01-01-01	10-18-0047	<input checked="" type="checkbox"/> School
06:00 P	07:00 A	03-05-12	01-01-01	10-18-0047	<input type="checkbox"/> Residen.
07:00 A	08:00 P	03-05-12	01-01-01	10-18-0047	<input type="checkbox"/> Child
08:00 P	09:00 A	03-05-12	01-01-01	10-18-0047	<input type="checkbox"/> Limited
09:00 A	10:00 P	03-05-12	01-01-01	10-18-0047	<input type="checkbox"/> Other
10:00 P	11:00 A	03-05-12	01-01-01	10-18-0047	
11:00 A	12:00 P	03-05-12	01-01-01	10-18-0047	

Items marked with asterisk (*) are subject to the requirements of Chapter 414.11 of the Florida Administrative Code and must be corrected. Continued operation of this facility without meeting these requirements is a violation of Chapter 414.11, Florida Administrative Code and Chapter 381 and 382, 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"/> 3. No further cooking/Rapid cooling	<input type="checkbox"/> 16. Poisonous/Toxic materials	<input type="checkbox"/> 29. Cleanliness of equipment	
<input type="checkbox"/> 4. Thawing	<input type="checkbox"/> 17. Exclusion of personnel	<input type="checkbox"/> 30. Methods of washing	
<input type="checkbox"/> 5. Raw fruits	PERSONNEL	SANITARY FACILITIES AND CONTROLS	TEMPORARY FOOD SERVICE EVENTS
<input type="checkbox"/> 6. Pork cooking	<input type="checkbox"/> 18. Cleanliness	<input type="checkbox"/> 31. Water supply	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	CERTIFICATES AND FEES
<input type="checkbox"/> 9. Least contact/Reheating	<input type="checkbox"/> 21. Handling of dishware	<input type="checkbox"/> 34. Plumbing	INSPECTION/ENFORCEMENT
<input type="checkbox"/> 10. Food container	EQUIPMENT/UTENSILS	<input type="checkbox"/> 35. Toilet facilities	
<input type="checkbox"/> 11. Buffet requirements	<input type="checkbox"/> 22. Refrigeration facilities/Thermometers	<input type="checkbox"/> 36. Handwashing facilities	
<input type="checkbox"/> 12. Self-service condiments	<input type="checkbox"/> 23. Sinks	<input type="checkbox"/> 37. Garbage disposal	
<input type="checkbox"/> 13. Reservice 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)
	Mixed VEGES 162, 170; CHICK PANNEC 140, 180, 170; MILK 42

HEALTH DEPARTMENT INSPECTOR: [Signature] PHONE: 525-2506
 COPY OF REPORT RECEIVED BY: [Signature] DATE: 3/15/12

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