STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT

FOOD SERVICE INSPECTION REPORT

PURPOSE:

- [x] ROUTINE
- [ ] REINSPECTION
- [ ] CONSTRUCT
- [ ] CHANGE OF OWNER
- [ ] COMPLAINT
- [ ] CONSULTATION
- [ ] QA SURVEY
- [ ] OTHER
- [ ] OTHER _____

NAME OF ESTABLISHMENT CAMP CRYSTAL LAKE

ADDRESS 6725 CAMP CRYSTAL LAKE RD. **CITY** STANFORD

OWNER AMERICAN CSB **ZIP** 32091

PERSON IN CHARGE TONY OVERAMYE **PHONE** _____

RESULTS

- [x] Satisfactory
- [ ] Incomplete
- [ ] Unsatisfactory

Correct Violations by
- [ ] Next Inspection
- [ ] 8:00 AM on: _____

BEGIN	END
12:30 P	

DATE	POSITION #	CERTIFICATE NUMBER	TYPE
091511	841987	10-48-00049	[ ] Hospital [ ] Nursing [ ] Detention [ ] Lounge [ ] Cafe [ ] Motel [x] School [ ] Resident. [ ] Child [ ] Limited [ ] Other

DATE

[ ] OUT OF BUSINESS

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
- [ ] 1. Sources, etc.

FOOD PROTECTION 35, 40 12, -7, 5
- [ ] 2. Special temperatures
- [ ] 3. No further cooking/rapid cooling
- [ ] 4. Thawing
- [ ] 5. Raw foods
- [ ] 6. Pork cooking
- [ ] 7. Poultry cooking
- [ ] 8. Other animal cooking
- [ ] 9. Least contact Reheating
- [ ] 10. Food container
- [ ] 11. Buffet requirements
- [ ] 12. Self-service condiments
- [ ] 13. Reservice of food
- [ ] 14. Smoke guards
- [ ] 15. Transportation of food
- [ ] 16. Poisonous/Toxic materials

PERSONNEL
- [ ] 17. Exclusion of personnel
- [ ] 18. Cleanliness
- [ ] 19. Tobacco use
- [ ] 20. Handwashing
- [ ] 21. Handling of dishware

EQUIPMENT/UTENSILS
- [ ] 22. Refrigeration facilities/Thermometers
- [ ] 23. Sinks
- [ ] 24. Ice storage/Counter-protector
- [ ] 25. Ventilation/Storage/Sanitizer equipment
- [ ] 26. Dishwashing facilities
- [ ] 27. Design and fabrication
- [ ] 28. Installation and location
- [ ] 29. Cleanliness of equipment
- [ ] 30. Methods of washing

SANITARY FACILITIES AND CONTROLS
- [ ] 31. Water supply DEP
- [ ] 32. Ice
- [ ] 33. Sewage OSTDS
- [ ] 34. Plumbing
- [ ] 35. Toilet facilities
- [ ] 36. Handwashing facilities
- [ ] 37. Garbage disposal
- [ ] 38. Vermin control

OTHER FACILITIES AND OPERATIONS
- [ ] 39. Other facilities and operations

TEMPORARY FOOD SERVICE EVENTS
- [ ] 40. Temporary food service events

VENDING MACHINES
- [ ] 41. Vending machines

MANAGER CERTIFICATION
- [ ] 42. Manager certification

CERTIFICATES AND FEES
- [ ] 43. Certificates and fees

INSPECTION/ENFORCEMENT
- [ ] 44. Inspection/Enforcement

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
	SATISFACTORY FOR ITEMS OBSERVED DURING INSPECTION

HEALTH REPRESENTATIVE OF INSPECTION: [signature] PHONE: 529-2846

CHIEF OR MANAGER PRESENT: Linda M Watson DATE: 9/15/19

DH Form 4080, 1/98 (Obsolete Previous Editions)