

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



PURPOSE:

**FOOD SERVICE
INSPECTION REPORT**

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

RESULTS

- Satisfactory
 - Incomplete
 - Unsatisfactory
- Correct Violations by
- Next Inspection
 - 8:00 AM on:

NAME OF ESTABLISHMENT LAWTON M. CHILES ELEMENTARY
 ADDRESS 2525 Schoolhouse Rd CITY GAINESVILLE
 OWNER SBA (Food & Nutrition) ZIP 32607
 PERSON IN CHARGE PEARL HOWARD PHONE 352.333.2821

BEGIN	END
12:00 AM	1:00 AM
1:00 AM	2:00 AM
2:00 AM	3:00 AM
3:00 AM	4:00 AM
4:00 AM	5:00 AM
5:00 AM	6:00 AM
6:00 AM	7:00 AM
7:00 AM	8:00 AM
8:00 AM	9:00 AM
9:00 AM	10:00 AM
10:00 AM	11:00 AM
11:00 AM	12:00 PM
12:00 PM	1:00 PM
1:00 PM	2:00 PM
2:00 PM	3:00 PM
3:00 PM	4:00 PM
4:00 PM	5:00 PM
5:00 PM	6:00 PM
6:00 PM	7:00 PM
7:00 PM	8:00 PM
8:00 PM	9:00 PM
9:00 PM	10:00 PM
10:00 PM	11:00 PM
11:00 PM	12:00 AM

DATE
04/14/09
00 00 00 05
00 00 00 06
00 00 00 07
00 00 00 08
00 00 00 09
00 00 00 10
00 00 00 11
00 00 00 12
00 00 00 13
00 00 00 14

POSITION #
24870
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CERTIFICATE NUMBER
01 - 48 - 00286
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TYPE
<input type="checkbox"/> Hospital
<input type="checkbox"/> Nursing
<input type="checkbox"/> Detention
<input type="checkbox"/> Lounge
<input type="checkbox"/> Civic
<input type="checkbox"/> Movie
<input checked="" type="checkbox"/> School
<input type="checkbox"/> Residen.
<input type="checkbox"/> Child
<input type="checkbox"/> Limited
<input type="checkbox"/> Other

DATE
00 00 00 00 00 05
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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
<input type="checkbox"/> 1. Sources, etc.
FOOD PROTECTION
<input type="checkbox"/> 2. Stored temperature
<input type="checkbox"/> 3. No further cooking/Rapid cooling
<input type="checkbox"/> 4. Thawing
<input type="checkbox"/> 5. Raw fruits
<input type="checkbox"/> 6. Pork cooking
<input type="checkbox"/> 7. Poultry cooking
<input type="checkbox"/> 8. Other animal cooking
<input type="checkbox"/> 9. Least contact/Reheating
<input type="checkbox"/> 10. Food container
<input type="checkbox"/> 11. Buffet requirements
<input type="checkbox"/> 12. Self-service condiments
<input type="checkbox"/> 13. Reserve of food | <input type="checkbox"/> 14. Sneeze guards
<input type="checkbox"/> 15. Transportation of food
<input type="checkbox"/> 16. Poisonous/Toxic materials
PERSONNEL
<input type="checkbox"/> 17. Exclusion of personnel
<input type="checkbox"/> 18. Cleanliness
<input type="checkbox"/> 19. Tobacco use
<input type="checkbox"/> 20. Handwashing <u>100°</u>
<input type="checkbox"/> 21. Handling of dishware
EQUIPMENT/UTENSILS
<input type="checkbox"/> 22. Refrigeration facilities/Thermometers
<input type="checkbox"/> 23. Sinks
<input type="checkbox"/> 24. Ice storage/Counter-protector
<input type="checkbox"/> 25. Ventilation/Storage/Sufficient equipment
<input type="checkbox"/> 26. Dishwashing facilities | <input type="checkbox"/> 27. Design and fabrication
<input type="checkbox"/> 28. Installation and location
<input type="checkbox"/> 29. Cleanliness of equipment
<input type="checkbox"/> 30. Methods of washing
SANITARY FACILITIES AND CONTROLS
<input type="checkbox"/> 31. Water supply
<input type="checkbox"/> 32. Ice
<input type="checkbox"/> 33. Sewage
<input type="checkbox"/> 34. Plumbing
<input type="checkbox"/> 35. Toilet facilities
<input type="checkbox"/> 36. Handwashing facilities
<input type="checkbox"/> 37. Garbage disposal
<input type="checkbox"/> 38. Vermin control | OTHER FACILITIES AND OPERATIONS
<input type="checkbox"/> 39. Other facilities and operations
TEMPORARY FOOD SERVICE EVENTS
<input type="checkbox"/> 40. Temporary food service events
VENDING MACHINES
<input type="checkbox"/> 41. Vending machines
MANAGER CERTIFICATION
<input type="checkbox"/> 42. Manager certification
CERTIFICATES AND FEES
<input type="checkbox"/> 43. Certificates and fees
INSPECTION/ENFORCEMENT
<input type="checkbox"/> 44. Inspection/Enforcement |
|---|--|--|--|

ITEM NUMBERS Cabin = 41° 00° F
37° 20° F w/f = 80° w/c = 37° F **COMMENTS AND INSTRUCTIONS**
 (continue on attached sheet)

SATISFACTORY

HEALTH DEPARTMENT INSPECTOR: [Signature] PHONE: 334 2935 X 3511
 COPY OF REPORT RECEIVED BY: [Signature] DATE: 4-14-09