

[11.30.09]

STATE OF FLORIDA DEPARTMENT OF HEALTH COUNTY HEALTH DEPARTMENT

FOOD SERVICE INSPECTION REPORT



PURPOSE:

- ROUTED, CONSTRUCT, COMPLAINT, GAS LEAK, OTHER, REINSPECTION, CHANGE OF OWNER, CONSULTATION, OTHER

1-5-10

NAME OF ESTABLISHMENT: FEARSIDE FAMILY CENTER
ADDRESS: 3600 NE 15th St
CITY: GULF
OWNER: S.B.A.C.
PERSON IN CHARGE: Ann Crowell / Harlan Frazee

RESULTS: Satisfactory
Correct Violations by: Next Inspection 8:00 AM on:
DATE: 05, 06, 07, 08, 09, 10, 11, 12, 13, 14

Table with columns BEGIN and END, listing time intervals from 11:00 to 12:00.

Table with columns DATE and POSITION #, listing dates from 01/05/10 to 01/14/10.

Table with columns POSITION # and CERTIFICATE NUMBER, listing position numbers and certificate numbers.

Table with columns CERTIFICATE NUMBER and TYPE, listing certificate numbers and types like Hospital, Nursing, etc.

- TYPE: Hospital, Nursing, Detention, Lounge, Civic, Movie, School, Residen, Child, Limited, Other

Items marked below violate the requirements of Chapter 64E-11 of the Florida Administrative Code and must be corrected...

FOOD SUPPLIES, FOOD PROTECTION, PERSONNEL, SANITARY FACILITIES AND CONTROLS, EQUIPMENT/UTENSILS, OTHER FACILITIES AND OPERATIONS, TEMPORARY FOOD SERVICE EVENTS, VENDING MACHINES, MANAGER CERTIFICATION, CERTIFICATES AND FEES, INSPECTION/ENFORCEMENT

ITEM NUMBERS, COMMENTS AND INSTRUCTIONS (continues on attached sheet)
* No school today for children meals typically transported in bulk containers from M.K. Rawlings; then plated & served for consumption in classrooms
* Kitchen facility - equipment, cleanliness & operation - appears very good

HEALTH DEPARTMENT INSPECTOR: [Signature] PHONE: 334-7930
COPY OF REPORT RECEIVED BY: [Signature] DATE: 1-5-10