

**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 JJ. FINLEY ELEMENTARY
 ADDRESS 1912 NW 5th Ave CITY GULF
 OWNER S.B.A.C. ZIP 32603
 PERSON IN CHARGE Jody Gardner PHONE 955 425

RESULTS

Satisfactory
 Incomplete
 Unsatisfactory

Correct Violations by
 Next Inspection
 8:00 AM on:

DATE
0 0 0 0 0 05
1 1 1 1 1 06
2 2 2 2 2 07
3 3 3 3 3 08
4 4 4 4 4 09
5 5 5 5 5 10
6 6 6 6 6 11
7 7 7 7 7 12
8 8 8 8 8 13
9 9 9 9 9 14

OUT OF BUSINESS

BEGIN	END	DATE	POSITION #	CERTIFICATE NUMBER	TYPE
11:15	12:00	020909	26882	01-48-00101	<input checked="" type="checkbox"/> School
00 00	00 00	00 00 00 05	00 00 00 00	00 00 00 00 00	<input type="checkbox"/> Hospital
01 01	01 01	01 01 01 06	01 01 01 00	01 01 01 00 00	<input type="checkbox"/> Nursing
02 02	02 02	02 02 02 07	02 02 02 00	02 02 02 00 00	<input type="checkbox"/> Detention
03 03	03 03	03 03 03 08	03 03 03 00	03 03 03 00 00	<input type="checkbox"/> Lounge
04 04	04 04	04 04 04 09	04 04 04 00	04 04 04 00 00	<input type="checkbox"/> Civic
05 05	05 05	05 05 05 10	05 05 05 00	05 05 05 00 00	<input type="checkbox"/> Movie
06 06	06 06	06 06 06 11	06 06 06 00	06 06 06 00 00	<input type="checkbox"/> Residen.
07 07	07 07	07 07 07 12	07 07 07 00	07 07 07 00 00	<input type="checkbox"/> Child
08 08	08 08	08 08 08 13	08 08 08 00	08 08 08 00 00	<input type="checkbox"/> Limited
09 09	09 09	09 09 09 14	09 09 09 00	09 09 09 00 00	<input type="checkbox"/> Other

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

ITEM NUMBERS

COMMENTS AND INSTRUCTIONS (continue on attached sheet)

#24 Door gaskets to Truitt refrigerators & milk cooler unit need cleaned

#39 Moisture stained ceiling tiles at various locations need replaced. (Ongoing problem w/ AC duct work)

Reminder: care to keep individually wrapped food items sealed properly in refrigerators, while keep a constant vigil for eradication of unwanted roaches & pests.

HEALTH DEPARTMENT INSPECTOR: Lee Gates PHONE: 334 7430

COPY OF REPORT RECEIVED BY: Jody Gardner 0031 DATE: 2-09-09

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