STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT

FOOD SERVICE INSPECTION REPORT

Last Inspection: 11-21-11

PURPOSE:

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

NAME OF ESTABLISHMENT J. J. Finley

ADDRESS 1912 NW 5th Ave **CITY** G'

OWNER SBAC **ZIP** 32603

PERSON IN CHARGE Judy Gardner **PHONE** 955-6725

RESULTS

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

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

DATE

- [ ] OUT OF BUSINESS

BEGIN	END	DATE	POSITION #	CERTIFICATE NUMBER	TYPE
9:45	10:30	01 19 12	26532	01-48-00101	School

TYPE: Hospital, Nursing, Detention, Lounge, Civic, Movie, School (marked), Residen., Child, Limited, 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
- [ ] 1. Sources, etc.

FOOD PROTECTION
- [ ] 2. Stored temperature (good!)
- [ ] 3. No further cooking/Rapid cooling
- [ ] 4. Thawing
- [ ] 5. Raw fruits
- [ ] 6. Pork cooking
- [ ] 7. Poultry cooking
- [ ] 8. Other animal cooking
- [ ] 9. Least contact/Reheating
- [ ] 10. Food container (good)
- [ ] 11. Buffet requirements
- [ ] 12. Self-service condiments
- [ ] 13. Reservice of food
- [ ] 14. Sneeze guards (ok)
- [ ] 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/Sufficient equipment
- [ ] 26. Dishwashing facilities Hobart @ 145°F/188°F (w 50ppm chlorine) + 3 comp sink @ 152°F
- [ ] 27. Design and fabrication
- [ ] 28. Installation and location
- [ ] 29. Cleanliness of equipment
- [ ] 30. Methods of washing

SANITARY FACILITIES AND CONTROLS
- [ ] 31. Water supply GRU
- [ ] 32. Ice
- [ ] 33. Sewage GRU
- [ ] 34. Plumbing
- [ ] 35. Toilet facilities clean
- [ ] 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)

WIC @ 34°F, WIF @ -1°F, Vending line cooler @ 40°F, Vending refrig @ 34°F, freezers @ -12 to 10°F [warming ovens @ 185-135°F], Pizza slice @ 182°F, Chick Rice @ 192°F, ... @ 39°F, milk ... @ 35°F

ITEM	COMMENTS
4	Kitchen & dining area very clean. Food serve & storage temps. satis. @ ≤41°F/≥140°F

HEALTH DEPARTMENT INSPECTOR: Rec R Carter PHONE: 334-7930

COPY OF REPORT RECEIVED BY: For Judy Gardner DATE: 1-19-12

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

ESTABLISHMENT/FACILITY