

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



**PURPOSE:**

- ROUTINE
- REINSPECTION
- CONSTRUCT.
- CHANGE OF OWNER
- COMPLAINT
- CONSULTATION
- QA SURVEY
- OTHER
- OTHER \_\_\_\_\_

**FOOD SERVICE  
INSPECTION REPORT**

**NAME OF ESTABLISHMENT** FT. CLARKE MIDDLE SCHOOL

**ADDRESS** 9301 NW 27th AVE **CITY** COL

**OWNER** SBA C **ZIP** 32606

**PERSON IN CHARGE** LESLIE MERICAN **PHONE** (352) 333-7819

**RESULTS**

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

BEGIN	END
12:15	12:45
00	00
2:05 AM	2:05 AM
3:10 PM	3:10 PM
4:15	4:15
5:20	5:20
6:25	6:25
7:30	7:30
8:35	8:35
9:40	9:40
10:45	10:45
11:50	11:50
12:55	12:55

DATE
02 11 04
00 00 00 05
01 01 01 06
02 02 02 07
03 03 03 08
04 04 04 09
05 05 05 10
06 06 06 11
07 07 07 12
08 08 08 13
09 09 09 14

POSITION #
26812
000000
010101
020202
030303
040404
050505
060606
070707
080808
090909

CERTIFICATE NUMBER
01-48-00069
00 00 00 00 00
01 01 01 01 01
02 02 02 02 02
03 03 03 03 03
04 04 04 04 04
05 05 05 05 05
06 06 06 06 06
07 07 07 07 07
08 08 08 08 08
09 09 09 09 09

- TYPE**
- Hospital
  - Nursing
  - Detention
  - Lounge
  - Civic
  - School
  - Residen.
  - Child
  - Limited
  - Other

DATE
00 00 00 05
01 01 01 06
02 02 02 07
03 03 03 08
04 04 04 09
05 05 05 10
06 06 06 11
07 07 07 12
08 08 08 13
09 09 09 14

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.

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

**ITEM NUMBERS** \_\_\_\_\_

**COMMENTS AND INSTRUCTIONS** (continue on attached sheet)

*Handwritten notes:* Kitchen & operations appears satisfactory!!  
 Reminder: please secure individual garbage bags before depositing in dumpster (custodian responsible)

**HEALTH DEPARTMENT INSPECTOR:** Les Cooper **PHONE:** 334 7430

**COPY OF REPORT RECEIVED BY:** [Signature] **DATE:** 2-11-09