

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



**FOOD SERVICE  
INSPECTION REPORT**

**PURPOSE:**  
 **ROUTINE**     REINSPECTION  
 CONSTRUCT.     CHANGE OF OWNER  
 COMPLAINT     CONSULTATION  
 QA SURVEY     OTHER  
 OTHER \_\_\_\_\_

**NAME OF ESTABLISHMENT** Gainesville High School  
**ADDRESS** 1900 NW 13th St    **CITY** GULF  
**OWNER** S Bar    **ZIP** 32601  
**PERSON IN CHARGE** Sheryl Brubly    **PHONE** \_\_\_\_\_

RESULTS				
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Satisfactory	Incomplete	Unsatisfactory	Correct Violations by	
			<input type="checkbox"/> Next Inspection	
			<input type="checkbox"/> 8:00 AM on:	
DATE				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	0	0	0	05
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	1	1	1	06
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	2	2	2	07
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	3	3	3	08
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	4	4	4	09
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	5	5	5	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	6	6	6	11
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	7	7	7	12
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	8	8	8	13
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	9	9	9	14
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				OUT OF BUSINESS

BEGIN	END
<input type="checkbox"/> 00	<input type="checkbox"/> 00
<input type="checkbox"/> 01:05 AM	<input type="checkbox"/> 02:05 AM
<input type="checkbox"/> 03:10 PM	<input type="checkbox"/> 03:10 PM
<input type="checkbox"/> 04:15	<input type="checkbox"/> 04:15
<input type="checkbox"/> 05:20	<input type="checkbox"/> 05:20
<input type="checkbox"/> 06:25	<input type="checkbox"/> 06:25
<input type="checkbox"/> 07:30	<input type="checkbox"/> 07:30
<input type="checkbox"/> 08:35	<input type="checkbox"/> 08:35
<input type="checkbox"/> 09:40	<input type="checkbox"/> 09:40
<input type="checkbox"/> 10:45	<input type="checkbox"/> 10:45
<input type="checkbox"/> 11:50	<input type="checkbox"/> 11:50
<input type="checkbox"/> 12:55	<input type="checkbox"/> 12:55

DATE	POSITION #	CERTIFICATE NUMBER	TYPE
01/14/09	26882	01-48-000973	<input type="checkbox"/> Hospital
000005	000000	00000000	<input type="checkbox"/> Nursing
000006	000000	00000000	<input type="checkbox"/> Detention
020207	222222	22222222	<input type="checkbox"/> Lounge
030308	333333	33333333	<input type="checkbox"/> Civic
040409	444444	44444444	<input type="checkbox"/> Movie
050510	555555	55555555	<input checked="" type="checkbox"/> School
060611	666666	66666666	<input type="checkbox"/> Residen.
070712	777777	77777777	<input type="checkbox"/> Child
080813	888888	88888888	<input type="checkbox"/> Limited
090914	999999	99999999	<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.

- |  |   |   |   |
|--|---|---|---|
| <p><b>FOOD SUPPLIES</b></p> <p><input type="checkbox"/> 1. Sources, etc.</p> <p><b>FOOD PROTECTION</b></p> <p><input type="checkbox"/> 2. Stored temperature <u>OK</u></p> <p><input type="checkbox"/> 3. No further cooking/Rapid cooling</p> <p><input type="checkbox"/> 4. Thawing</p> <p><input type="checkbox"/> 5. Raw fruits</p> <p><input type="checkbox"/> 6. Pork cooking</p> <p><input type="checkbox"/> 7. Poultry cooking</p> <p><input type="checkbox"/> 8. Other animal cooking</p> <p><input type="checkbox"/> 9. Least contact/Reheating</p> <p><input type="checkbox"/> 10. Food container ✓</p> <p><input type="checkbox"/> 11. Buffet requirements</p> <p><input type="checkbox"/> 12. Self-service condiments</p> <p><input type="checkbox"/> 13. Reserve of food</p> | <p><input type="checkbox"/> 14. Sneeze guards <u>yes</u></p> <p><input type="checkbox"/> 15. Transportation of food</p> <p><input type="checkbox"/> 16. Poisonous/Toxic materials <u>spouted</u></p> <p><b>PERSONNEL</b></p> <p><input type="checkbox"/> 17. Exclusion of personnel</p> <p><input type="checkbox"/> 18. Cleanliness ✓</p> <p><input type="checkbox"/> 19. Tobacco use ✓</p> <p><input type="checkbox"/> 20. Handwashing ✓</p> <p><input type="checkbox"/> 21. Handling of dishware ✓</p> <p><b>EQUIPMENT/UTENSILS</b></p> <p><input checked="" type="checkbox"/> 22. Refrigeration facilities/Thermometers</p> <p><input type="checkbox"/> 23. Sinks</p> <p><input type="checkbox"/> 24. Ice storage/Counter-protector</p> <p><input type="checkbox"/> 25. Ventilation/Storage/Sufficient equipment</p> <p><input type="checkbox"/> 26. Dishwashing facilities <u>300 p sink (100 per chlorine sanitizer)</u></p> | <p><input type="checkbox"/> 27. Design and fabrication</p> <p><input type="checkbox"/> 28. Installation and location</p> <p><input type="checkbox"/> 29. Cleanliness of equipment</p> <p><input type="checkbox"/> 30. Methods of washing</p> <p><b>SANITARY FACILITIES AND CONTROLS</b></p> <p><input type="checkbox"/> 31. Water supply</p> <p><input type="checkbox"/> 32. Ice</p> <p><input type="checkbox"/> 33. Sewage</p> <p><input type="checkbox"/> 34. Plumbing</p> <p><input type="checkbox"/> 35. Toilet facilities</p> <p><input type="checkbox"/> 36. Handwashing facilities</p> <p><input type="checkbox"/> 37. Garbage disposal <u>(full)</u></p> <p><input type="checkbox"/> 38. Vermin control</p> | <p><b>OTHER FACILITIES AND OPERATIONS</b></p> <p><input type="checkbox"/> 39. Other facilities and operations <u>country floor cleaning</u></p> <p><b>TEMPORARY FOOD SERVICE EVENTS</b></p> <p><input type="checkbox"/> 40. Temporary food service events</p> <p><b>VENDING MACHINES</b></p> <p><input type="checkbox"/> 41. Vending machines</p> <p><b>MANAGER CERTIFICATION</b></p> <p><input type="checkbox"/> 42. Manager certification</p> <p><b>CERTIFICATES AND FEES</b></p> <p><input type="checkbox"/> 43. Certificates and fees</p> <p><b>INSPECTION/ENFORCEMENT</b></p> <p><input type="checkbox"/> 44. Inspection/Enforcement</p> |
|--|---|---|---|

<p><b>ITEM NUMBERS</b></p> <p>(#22)</p> <p>(#32)</p> <p>(#39)</p>	<p><b>COMMENTS AND INSTRUCTIONS</b> (continue on attached sheet)</p> <p>thermometers to be <sup>conspicuously</sup> present in all refrigerator &amp; freezer unit</p> <p>dumpster lid still missing on (silver) main container</p> <p>It cleaning necessary (mostly dust &amp; food) below pantry shelves</p> <p>'cotton kit' floor drain screens (below sinks) are on order</p>
---	---

HEALTH DEPARTMENT INSPECTOR: Lee Cook    PHONE: 334 7430

COPY OF REPORT RECEIVED BY: [Signature]    DATE: 1-14-09

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

ESTABLISHMENT/FACILITY