

**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 High Springs Community School
 ADDRESS 1015 N. Main St. CITY High Springs
 OWNER Sonic ZIP 32643
 PERSON IN CHARGE Penny Fowler PHONE (352) 457-2711

RESULTS

Satisfactory
 Incomplete
 Unsatisfactory

Correct Violations by
 Next Inspection
 8:00 AM on:

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

OUT OF BUSINESS

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

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

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

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

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

This report and notes contain the implementation of Chapter 64E11 of the Florida Administrative Code and must be corrected. Penalties for non-compliance with this code are provided in a violation of Chapter 64E11, Florida Administrative Code and Chapter 381 and 382, Florida Statute. Penalties shall be imposed by the date and time indicated in the Results section above or an administrative fine or other legal action will be initiated.

<p>FOOD SUPPLIES</p> <p><input type="checkbox"/> 1. Sources, etc.</p> <p>FOOD PROTECTION</p> <p><input type="checkbox"/> 2. Stored temperature <u>9:00</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 <u>good</u></p> <p><input type="checkbox"/> 11. Buffet requirements</p> <p><input type="checkbox"/> 12. Self-service condiments</p> <p><input type="checkbox"/> 13. Reservice of food</p>	<p><input type="checkbox"/> 14. Sneeze guards <u>OK</u></p> <p><input type="checkbox"/> 15. Transportation of food</p> <p><input type="checkbox"/> 16. Poisonous/Toxic materials</p> <p>PERSONNEL</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>EQUIPMENT/UTENSILS</p> <p><input 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>Power sink @ 115°F (w/ 50ppm 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/Equipment</p> <p><input type="checkbox"/> 30. Methods of washing</p> <p>SANITARY FACILITIES AND CONTROLS</p> <p><input type="checkbox"/> 31. Water supply <u>Cl</u></p> <p><input type="checkbox"/> 32. Ice</p> <p><input type="checkbox"/> 33. Sewage <u>Cl</u></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>OK</u></p> <p><input type="checkbox"/> 38. Vermin control <u>OK</u></p>	<p>OTHER FACILITIES AND OPERATIONS</p> <p><input type="checkbox"/> 39. Other facilities and operations</p> <p>TEMPORARY FOOD SERVICE EVENTS</p> <p><input type="checkbox"/> 40. Temporary food service events</p> <p>VENDING MACHINES</p> <p><input type="checkbox"/> 41. Vending machines</p> <p>MANAGER CERTIFICATION</p> <p><input type="checkbox"/> 42. Manager certification</p> <p>CERTIFICATES AND FEES</p> <p><input type="checkbox"/> 43. Certificates and fees</p> <p>INSPECTION/ENFORCEMENT</p> <p><input type="checkbox"/> 44. Inspection/Enforcement</p>
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ITEM NUMBERS 630, 800, 801, 802, 803, 804, 805, 806, 807, 808, 809, 810, 811, 812, 813, 814, 815, 816, 817, 818, 819, 820, 821, 822, 823, 824, 825, 826, 827, 828, 829, 830, 831, 832, 833, 834, 835, 836, 837, 838, 839, 840, 841, 842, 843, 844, 845, 846, 847, 848, 849, 850, 851, 852, 853, 854, 855, 856, 857, 858, 859, 860, 861, 862, 863, 864, 865, 866, 867, 868, 869, 870, 871, 872, 873, 874, 875, 876, 877, 878, 879, 880, 881, 882, 883, 884, 885, 886, 887, 888, 889, 890, 891, 892, 893, 894, 895, 896, 897, 898, 899, 900

COMMENTS AND INSTRUCTIONS
(continue on attached sheet)

* Kitchen facility, equipment clean. All cold foods & proper serve storage temps

Reminder: maintenance staff to clean floor below dining tables, as necessary

HEALTH DEPARTMENT INSPECTOR: Lee Z. G. L. PHONE: 334 7430

COPY OF REPORT RECEIVED BY: Ms Penny Fowler DATE: 9-21-11