

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 WW Irby Elementary  
 ADDRESS 13505 NW 140th St CITY Alachua  
 OWNER SBAC ZIP 32615  
 PERSON IN CHARGE Mark Lawrence PHONE 462-5703

**RESULTS**

Satisfactory  
 Incomplete  
 Unsatisfactory

Correct Violations by  
 Next Inspection  
 8:00 AM on:

DATE
<input type="checkbox"/> 00-00-00
<input type="checkbox"/> 01-01-01
<input type="checkbox"/> 02-02-02
<input type="checkbox"/> 03-03-03
<input type="checkbox"/> 04-04-04
<input type="checkbox"/> 05-05-05
<input type="checkbox"/> 06-06-06
<input type="checkbox"/> 07-07-07
<input type="checkbox"/> 08-08-08
<input type="checkbox"/> 09-09-09
<input type="checkbox"/> 10-10-10
<input type="checkbox"/> 11-11-11
<input type="checkbox"/> 12-12-12
<input type="checkbox"/> 13-13-13
<input type="checkbox"/> 14-14-14

OUT OF BUSINESS

BEGIN	END
<input type="checkbox"/> 00	<input type="checkbox"/> 00
<input type="checkbox"/> 05 AM	<input type="checkbox"/> 05 AM
<input type="checkbox"/> 10 PM	<input type="checkbox"/> 10 PM
<input type="checkbox"/> 15	<input type="checkbox"/> 15
<input type="checkbox"/> 20	<input type="checkbox"/> 20
<input type="checkbox"/> 25	<input type="checkbox"/> 25
<input type="checkbox"/> 30	<input type="checkbox"/> 30
<input type="checkbox"/> 35	<input type="checkbox"/> 35
<input type="checkbox"/> 40	<input type="checkbox"/> 40
<input type="checkbox"/> 45	<input type="checkbox"/> 45
<input type="checkbox"/> 50	<input type="checkbox"/> 50
<input type="checkbox"/> 55	<input type="checkbox"/> 55

DATE		
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 08
<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 05
<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 06
<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 07
<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 08
<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 09
<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 10
<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 11
<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 12
<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 13
<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 14

POSITION #				
<input type="checkbox"/> 2	<input type="checkbox"/> 6	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 2
<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00
<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01
<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02
<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03
<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04
<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05
<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06
<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07
<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08
<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09

CERTIFICATE NUMBER				
<input type="checkbox"/> 01	<input type="checkbox"/> 48	<input type="checkbox"/> 00	<input type="checkbox"/> 02	<input type="checkbox"/> 31
<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00
<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01
<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02
<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03
<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04
<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05
<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06
<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07
<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08
<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09

- TYPE**
- Hospital
  - Nursing
  - Detention
  - Lounge
  - Civic
  - Movie
  - School
  - 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.

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

**ITEM NUMBERS**

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

#10 Please label dry storage bins (flour, sugar, etc.)  
 Dumpster lids missing (abused by drivers?)

#31 Facility overall appears clean & well operated/organized

HEALTH DEPARTMENT INSPECTOR: Lee Gault PHONE: 334-7430  
 COPY OF REPORT RECEIVED BY: Mark Lawrence DATE: 12-16-08  
 Form 4023, 1/05 (Obsoletes Previous Editions) ESTABLISHMENT/FACILITY