

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



**FOOD SERVICE
INSPECTION REPORT**

PURPOSE:

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

NAME OF ESTABLISHMENT KANAPAH MIDDLE SCHOOL
 ADDRESS 5055 SW 75th ST CITY GAINESVILLE
 OWNER SRAC (Fed + Nutriton) ZIP 32608
 PERSON IN CHARGE DERBA BOSSERT PHONE 352.955.6963

RESULTS

Satisfactory
 Incomplete
 Unsatisfactory

Correct Violations by
 Next Inspection
 8:00 AM on:

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

OUT OF BUSINESS

BEGIN	END	DATE	POSITION #	CERTIFICATE NUMBER	TYPE
1:00 AM	11:25 AM	12/15/11	26870	01-48-00105	<input checked="" type="checkbox"/> School
1:00	1:00	05	000000	00000000	<input type="checkbox"/> Hospital
2:05 AM	2:05 AM	06	000000	00000000	<input type="checkbox"/> Nursing
3:10 PM	3:10 PM	07	000000	00000000	<input type="checkbox"/> Detention
4:15	4:15	08	000000	00000000	<input type="checkbox"/> Lounge
5:20	5:20	09	000000	00000000	<input type="checkbox"/> Civic
6:25	6:25	10	000000	00000000	<input type="checkbox"/> Movie
7:30	7:30	11	000000	00000000	<input checked="" type="checkbox"/> School
8:35	8:35	12	000000	00000000	<input type="checkbox"/> Residen.
9:40	9:40	01	000000	00000000	<input type="checkbox"/> Child
10:45	10:45	02	000000	00000000	<input type="checkbox"/> Limited
11:50	11:50	03	000000	00000000	<input type="checkbox"/> Other
12:55	12:55	04	000000	00000000	

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 | <input type="checkbox"/> 14. Sneeze guards | <input type="checkbox"/> 27. Design and fabrication | OTHER FACILITIES AND OPERATIONS
<input type="checkbox"/> 39. Other facilities and operations
TEMPORARY FOOD SERVICE EVENTS
<input type="checkbox"/> 40. Temporary food service events
VENDING MACHINES
<input type="checkbox"/> 41. Vending machines
MANAGER CERTIFICATION
<input type="checkbox"/> 42. Manager certification
CERTIFICATES AND FEES
<input type="checkbox"/> 43. Certificates and fees
INSPECTION/ENFORCEMENT
<input type="checkbox"/> 44. Inspection/Enforcement |
| <input type="checkbox"/> 1. Sources, etc. | <input type="checkbox"/> 15. Transportation of food | <input type="checkbox"/> 28. Installation and location | |
| FOOD PROTECTION | <input type="checkbox"/> 16. Poisonous/Toxic materials | <input type="checkbox"/> 29. Cleanliness of equipment | |
| <input type="checkbox"/> 2. Stored temperature | PERSONNEL | <input type="checkbox"/> 30. Methods of washing | |
| <input type="checkbox"/> 3. No further cooking/Rapid cooling | <input type="checkbox"/> 17. Exclusion of personnel | SANITARY FACILITIES AND CONTROLS | |
| <input type="checkbox"/> 4. Thawing | <input type="checkbox"/> 18. Cleanliness | <input type="checkbox"/> 31. Water supply | |
| <input type="checkbox"/> 5. Raw fruits | <input type="checkbox"/> 19. Tobacco use | <input type="checkbox"/> 32. Ice | |
| <input type="checkbox"/> 6. Pork cooking | <input type="checkbox"/> 20. Handwashing $\geq 100^{\circ}$ | <input type="checkbox"/> 33. Sewage | |
| <input type="checkbox"/> 7. Poultry cooking | <input type="checkbox"/> 21. Handling of dishware | <input type="checkbox"/> 34. Plumbing | |
| <input type="checkbox"/> 8. Other animal cooking | EQUIPMENT/UTENSILS | <input type="checkbox"/> 35. Toilet facilities | |
| <input type="checkbox"/> 9. Least contact/Reheating | <input type="checkbox"/> 22. Refrigeration facilities/Thermometers | <input type="checkbox"/> 36. Handwashing facilities | |
| <input type="checkbox"/> 10. Food container | <input type="checkbox"/> 23. Sinks | <input type="checkbox"/> 37. Garbage disposal | |
| <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 WIF=5° WIC=36° COMMENTS AND INSTRUCTIONS (continue on attached sheet) med + SAN

Code: 41°, 35°, 36° Floor=0° BASE CLK=178° PIZZA=151° milk=40°
POT=182° RLS=153°
veg=155°

SATISFACTORY

HEALTH DEPARTMENT INSPECTOR: [Signature] PHONE: 3347930 X3511
 COPY OF REPORT RECEIVED BY: [Signature] DATE: 12/15/11