

# 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 SIDNEY LANIER SCHOOL  
 ADDRESS 312 NW 16TH AVE CITY OWA  
 OWNER SBAAC ZIP 32034  
 PERSON IN CHARGE Sharon Johnson PHONE 455-6361

### RESULTS

Satisfactory  
 Incomplete  
 Unsatisfactory

Correct Violations by  
 Next Inspection  
 8:00 AM on:

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

OUT OF BUSINESS

BEGIN	END	DATE	POSITION #	CERTIFICATE NUMBER	TYPE
1:00	1:30	06-02-09	207-10	1-48-00189	<input checked="" type="checkbox"/> School
1:00	1:00	00-00-00	000000	00000000	<input type="checkbox"/> Hospital
2:05 AM	2:05 AM	00-00-00	000000	00000000	<input type="checkbox"/> Nursing
3:10 PM	3:10 PM	00-00-00	000000	00000000	<input type="checkbox"/> Detention
4:15	4:15	00-00-00	000000	00000000	<input type="checkbox"/> Lounge
5:20	5:20	00-00-00	000000	00000000	<input type="checkbox"/> Civic
6:25	6:25	00-00-00	000000	00000000	<input type="checkbox"/> Movie
7:30	7:30	00-00-00	000000	00000000	<input type="checkbox"/> Residen.
8:35	8:35	00-00-00	000000	00000000	<input type="checkbox"/> Child
9:40	9:40	00-00-00	000000	00000000	<input type="checkbox"/> Limited
10:45	10:45	00-00-00	000000	00000000	<input type="checkbox"/> Other
11:50	11:50	00-00-00	000000	00000000	
12:55	12:55	00-00-00	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.

- |   |   |  |   |
|---|---|--|---|
| <p><b>FOOD SUPPLIES</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1. Sources, etc.</li> </ul> <p><b>FOOD PROTECTION</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 2. Stored temperature</li> <li><input type="checkbox"/> 3. No further cooking/Rapid cooling</li> <li><input type="checkbox"/> 4. Thawing</li> <li><input type="checkbox"/> 5. Raw fruits</li> <li><input type="checkbox"/> 6. Pork cooking</li> <li><input type="checkbox"/> 7. Poultry cooking</li> <li><input type="checkbox"/> 8. Other animal cooking</li> <li><input type="checkbox"/> 9. Least contact/Reheating</li> <li><input type="checkbox"/> 10. Food container</li> <li><input type="checkbox"/> 11. Buffet requirements</li> <li><input type="checkbox"/> 12. Self-service condiments</li> <li><input type="checkbox"/> 13. Reserve of food</li> </ul> | <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 14. Sneeze guards</li> <li><input type="checkbox"/> 15. Transportation of food</li> <li><input type="checkbox"/> 16. Poisonous/Toxic materials</li> </ul> <p><b>PERSONNEL</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 17. Exclusion of personnel</li> <li><input checked="" type="checkbox"/> 18. Cleanliness</li> <li><input type="checkbox"/> 19. Tobacco use</li> <li><input checked="" type="checkbox"/> 20. Handwashing</li> <li><input type="checkbox"/> 21. Handling of dishware</li> </ul> <p><b>EQUIPMENT/UTENSILS</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 22. Refrigeration facilities/Thermometers</li> <li><input type="checkbox"/> 23. Sinks</li> <li><input type="checkbox"/> 24. Ice storage/Counter-protector</li> <li><input type="checkbox"/> 25. Ventilation/Storage/Sufficient equipment</li> <li><input type="checkbox"/> 26. Dishwashing facilities</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> 27. Design and fabrication</li> <li><input type="checkbox"/> 28. Installation and location</li> <li><input type="checkbox"/> 29. Cleanliness of equipment</li> <li><input type="checkbox"/> 30. Methods of washing</li> </ul> <p><b>SANITARY FACILITIES AND CONTROLS</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 31. Water supply</li> <li><input type="checkbox"/> 32. Ice</li> <li><input type="checkbox"/> 33. Sewage</li> <li><input type="checkbox"/> 34. Plumbing</li> <li><input type="checkbox"/> 35. Toilet facilities</li> <li><input checked="" type="checkbox"/> 36. Handwashing facilities</li> <li><input type="checkbox"/> 37. Garbage disposal</li> <li><input type="checkbox"/> 38. Vermin control</li> </ul> | <p><b>OTHER FACILITIES AND OPERATIONS</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 39. Other facilities and operations</li> </ul> <p><b>TEMPORARY FOOD SERVICE EVENTS</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 40. Temporary food service events</li> </ul> <p><b>VENDING MACHINES</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 41. Vending machines</li> </ul> <p><b>MANAGER CERTIFICATION</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 42. Manager certification</li> </ul> <p><b>CERTIFICATES AND FEES</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 43. Certificates and fees</li> </ul> <p><b>INSPECTION/ENFORCEMENT</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 44. Inspection/Enforcement</li> </ul> |
|---|---|--|---|

ITEM NUMBERS: \_\_\_\_\_

COMMENTS AND INSTRUCTIONS (continue on attached sheet):  
 \* Reduce quantity of staples on entry & meals and. Facility clean & in good working order.  
 \* Meals for Summer Food Program to be catered by JJ Tully school.  
 Hubert: 1507 unit/

HEALTH DEPARTMENT INSPECTOR: Lee P. Cooper PHONE: 334 2930  
 COPY OF REPORT RECEIVED BY: [Signature] DATE: 6-02-09