

**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

NAME OF ESTABLISHMENT Lincoln Middle School
 ADDRESS 1001 SE 12th St. CITY GAINESVILLE
 OWNER SBAC (Food & Nutrition) ZIP 32641
 PERSON IN CHARGE JANE HURLEY PHONE 352.955.6731

RESULT

- Satisfactory
 - Incomplete
 - Unsatisfactory
- Correct Violations by
 Next Inspection
 8:00 AM on:

BEGIN	END
11:45	12:45
1:00	2:00
2:05	3:05
3:10	4:10
4:15	5:15
5:20	6:20
6:25	7:25
7:30	8:30
8:35	9:35
9:40	10:40
10:45	11:45
11:50	12:50

DATE
11/10/11
05
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14

POSITION
26870
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CERTIFICATE NUMBER
01-48-00125
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- TYPE**
- Hospital
 - Nursing
 - Detention
 - Lounge
 - Civic
 - Movie
 - School
 - Residen.
 - Child
 - Limited
 - Other

DATE
05
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14

OUT OF BUSINESS

... of Chapter 64B-11 of the Florida Administrative Code and ...
 ... of Chapter 64B-11, Florida Administrative Code and ...

FOOD SUPPLIES	<input type="checkbox"/> 14. Sneeze guards	<input type="checkbox"/> 27. Design and fabrication	OTHER FACILITIES AND OPERATIONS
<input type="checkbox"/> 1. Sources, etc.	<input type="checkbox"/> 15. Transportation of food	<input type="checkbox"/> 28. Installation and location	<input type="checkbox"/> 39. Other facilities and operations
FOOD PROTECTION	<input type="checkbox"/> 16. Poisonous/Toxic materials	<input type="checkbox"/> 29. Cleanliness of equipment	TEMPORARY FOOD SERVICE EVENTS
<input type="checkbox"/> 2. Stored temperature	PERSONNEL	<input type="checkbox"/> 30. Methods of washing	<input type="checkbox"/> 40. Temporary food service events
<input type="checkbox"/> 3. No further cooking/Rapid cooling	<input type="checkbox"/> 17. Exclusion of personnel	SANITARY FACILITIES AND CONTROLS	VENDING MACHINES
<input type="checkbox"/> 4. Thawing	<input type="checkbox"/> 18. Cleanliness	<input type="checkbox"/> 31. Water supply	<input type="checkbox"/> 41. Vending machines
<input type="checkbox"/> 5. Raw fruits	<input type="checkbox"/> 19. Tobacco use	<input type="checkbox"/> 32. Ice	MANAGER CERTIFICATION
<input type="checkbox"/> 6. Pork cooking	<input type="checkbox"/> 20. Handwashing <i>2:100</i>	<input type="checkbox"/> 33. Sewage	<input type="checkbox"/> 42. Manager certification
<input type="checkbox"/> 7. Poultry cooking	<input type="checkbox"/> 21. Handling of dishware	<input type="checkbox"/> 34. Plumbing	CERTIFICATES AND FEES
<input type="checkbox"/> 8. Other animal cooking	EQUIPMENT/UTENSILS	<input type="checkbox"/> 35. Toilet facilities	<input type="checkbox"/> 43. Certificates and fees
<input type="checkbox"/> 9. Least contact/Reheating	<input type="checkbox"/> 22. Refrigeration facilities/Thermometers	<input type="checkbox"/> 36. Handwashing facilities	INSPECTION/ENFORCEMENT
<input type="checkbox"/> 10. Food container	<input type="checkbox"/> 23. Sinks	<input type="checkbox"/> 37. Garbage disposal	<input type="checkbox"/> 44. Inspection/Enforcement
<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. Reserve of food	<input type="checkbox"/> 26. Dishwashing facilities <i>med + sanitizer</i>		

ITEM NUMBERS *cook = 5, 34; frans = 0; w/c = 380; w/f = 50*

COMMENTS AND INSTRUCTIONS (continue on attached sheet)
SATISFACTORY

green beans = 140; milk = 150; clay = 150

HEALTH DEPARTMENT INSPECTOR: Ty O'Keefe PHONE: 352 2930 X 3511
 COPY OF REPORT RECEIVED BY: Jane Hurley DATE: 11/10/11

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