

**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 Limited Mobile School

ADDRESS 101 SE 12th St **CITY** SAFESVILLE

OWNER SBA (Cook + Manager) **ZIP** 32611

PERSON IN CHARGE JANE HURLEY **PHONE** 352-935-6731

BEGL.	END.
12:00	12:05
2:05	2:10
3:10	3:15
4:15	4:20
5:20	5:25
6:25	6:30
7:30	7:35
8:35	8:40
9:40	9:45
10:45	10:50
11:50	11:55
12:55	1:00

DATE		
05	10	07
00	00	05
01	01	06
02	02	07
03	03	08
04	04	09
05	05	10
06	06	11
07	07	12
08	08	13
09	09	14

POSITION		
2	6	0
0	0	0
0	0	0
0	0	0
0	0	0
0	0	0
0	0	0
0	0	0
0	0	0
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0	0	0
0	0	0

CERTIFICATE NUMBER		
01	48	00125
0	0	0
0	0	0
0	0	0
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0	0	0
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TYPE	
<input type="checkbox"/>	Hospital
<input type="checkbox"/>	Nursing
<input type="checkbox"/>	Detention
<input type="checkbox"/>	Lounge
<input type="checkbox"/>	Civic
<input type="checkbox"/>	Movie
<input checked="" type="checkbox"/>	School
<input type="checkbox"/>	Residen.
<input type="checkbox"/>	Child
<input type="checkbox"/>	Limited
<input type="checkbox"/>	Other

RESULT

Satisfactory

Incomplete

Unsatisfactory

Correct Violations by

Next Inspection

8:00 AM on:

DATE		
00	00	05
01	01	06
02	02	07
03	03	08
04	04	09
05	05	10
06	06	11
07	07	12
08	08	13
09	09	14

OUT OF BUSINESS

Violations of the requirements of Chapter 64E-11 of the Florida Administrative Code and must be corrected. Failure to correct violations is a violation of Chapter 64E-11, Florida Administrative Code and Chapters 381, and 386, Florida Statutes. The violator is liable for the penalties in the Results section above or an administrative fine or other legal action will be taken.

<p>FOOD SUPPLIES</p> <p><input type="checkbox"/> 1. Sources, etc.</p> <p>FOOD PROTECTION</p> <p><input type="checkbox"/> 2. Stored temperature</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</p> <p><input type="checkbox"/> 11. Buffet requirements</p> <p><input type="checkbox"/> 12. Self-service condiments</p> <p><input type="checkbox"/> 13. Reserve of food</p>	<p><input type="checkbox"/> 14. Sneeze guards</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 <u>2:100 (100)</u></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</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 of equipment</p> <p><input type="checkbox"/> 30. Methods of washing</p> <p>SANITARY FACILITIES AND CONTROLS</p> <p><input type="checkbox"/> 31. Water supply</p> <p><input type="checkbox"/> 32. Ice</p> <p><input type="checkbox"/> 33. Sewage</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</p> <p><input type="checkbox"/> 38. Vermit control</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 Cook = 26, 25, 22

COMMENTS AND INSTRUCTIONS W/F = 10 W/C = 43 Shrimp = 140 Fries = 143 Pizza = 144/153

(continue on attached sheet)

SATISFACTORY

HEALTH DEPARTMENT INSPECTOR: _____ **PHONE:** 334 7930 x 3511

COPY OF REPORT RECEIVED BY: _____ **DATE:** 5/20/09