# STATE OF FLORIDA
# DEPARTMENT OF HEALTH
# COUNTY HEALTH DEPARTMENT

**FOOD SERVICE INSPECTION REPORT**

**PURPOSE:**
- [x] ROUTINE
- [ ] CONSTRUCT.
- [ ] COMPLAINT
- [ ] QA SURVEY
- [ ] OTHER
- [ ] REINSPECTION
- [ ] CHANGE OF OWNER
- [ ] CONSULTATION
- [ ] OTHER

NAME OF ESTABLISHMENT: One Room Schoolhouse (Elementary)
ADDRESS: 4130 NE 1st St. CITY: G-1
OWNER: Neil Duke ZIP: 32604
PERSON IN CHARGE: Brad Beckett / Mary Washington PHONE: 372-4314

**RESULTS:**
- [x] Satisfactory
- [ ] Incomplete
- [ ] Unsatisfactory

Correct Violations by
- [ ] Next Inspection
- [ ] 8:00 AM on:

| DATE | |
|---|---|
| | |

- [ ] OUT OF BUSINESS

| BEGIN | END |
|---|---|
| 11:10 | 12:10 |

| DATE | POSITION # | CERTIFICATE NUMBER | TYPE |
|---|---|---|---|
| 10 13 11 | 26 8 8 3 | 01 - 48 - 0032 | School |

TYPE: Hospital, Nursing, Detention, Lounge, Civic, Movie, School, Residen., Child, Limited, Other

*Violations noted in Section 64E-11 requirements of Chapter 64E-11 of the Florida Administrative Code and must be corrected. Continued violations or failure to correct may be a violation of Chapter 64E-11, Florida Administrative Code and Chapter 381, Florida Statutes. Violations may be subject to the penalties in the penalties section above or an administrative fine or other legal action [illegible]*

**FOOD SUPPLIES**
- [ ] 1. Sources, etc.

**FOOD PROTECTION**
- [ ] 2. Stored temperature
- [ ] 3. No further cooking/Rapid cooling
- [ ] 4. Thawing
- [ ] 5. Raw fruits
- [ ] 6. Pork cooking
- [ ] 7. Poultry cooking
- [ ] 8. Other animal cooking
- [ ] 9. Least contact/Reheating
- [ ] 10. Food container
- [ ] 11. Buffet requirements
- [ ] 12. Self-service condiments
- [ ] 13. Reservice of food
- [ ] 14. Sneeze guards
- [ ] 15. Transportation of food
- [ ] 16. Poisonous/Toxic materials

**PERSONNEL**
- [ ] 17. Exclusion of personnel
- [ ] 18. Cleanliness
- [ ] 19. Tobacco use
- [ ] 20. Handwashing
- [ ] 21. Handling of dishware

**EQUIPMENT/UTENSILS**
- [ ] 22. Refrigeration facilities/Thermometers
- [ ] 23. Sinks
- [ ] 24. Ice storage/Counter-protector
- [ ] 25. Ventilation/Storage/Sufficient equipment
- [ ] 26. Dishwashing facilities
- [ ] 27. Design and fabrication
- [ ] 28. Installation and location
- [ ] 29. Cleanliness of equipment
- [ ] 30. Methods of washing

**SANITARY FACILITIES AND CONTROLS**
- [ ] 31. Water supply
- [ ] 32. Ice
- [ ] 33. Sewage
- [ ] 34. Plumbing
- [ ] 35. Toilet facilities
- [ ] 36. Handwashing facilities
- [ ] 37. Garbage disposal
- [ ] 38. Vermin control

**OTHER FACILITIES AND OPERATIONS**
- [ ] 39. Other facilities and operations

**TEMPORARY FOOD SERVICE EVENTS**
- [ ] 40. Temporary food service events

**VENDING MACHINES**
- [ ] 41. Vending machines

**MANAGER CERTIFICATION**
- [ ] 42. Manager certification

**CERTIFICATES AND FEES**
- [ ] 43. Certificates and fees

**INSPECTION/ENFORCEMENT**
- [ ] 44. Inspection/Enforcement

ITEM NUMBERS: Refrig @ 42°F; 3 comp sink @ 113°F

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

Hot water @ 140°F; Prep sink 122°F; Cutting Board 131°F

#1 Kitchen facility & outdoor food service operations appear satisfactory

#2 Refrigerator was measuring to maintain 140°F temp. Please demonstrate all refrigeration to ensure & 41°F cold storage temperature

Note: currently food is for 'Elem.' students daily & one days from 'middle' class (homeroom & Hyperlink school)

[redacted]

HEALTH DEPARTMENT INSPECTOR: Lee Z. Cates
COPY OF REPORT RECEIVED BY: Mary Washington PHONE: 334-2930
DATE: 10-13-11

DH Form 4028, 1/03 (Obsoletes Previous Editions)

ESTABLISHMENT/FACILITY