

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 UF PR YUNGE School (DRS)  
 ADDRESS 1080 SW 11th St. CITY GAINESVILLE  
 OWNER UF ZIP \_\_\_\_\_  
 PERSON IN CHARGE Vashtye Stacey PHONE 352 392 1554

**RESULTS**

Satisfactory  
 Incomplete  
 Unsatisfactory

Correct Violations by  
 Next Inspection  
 8:00 AM on:

DATE
05
06
07
08
09
10
11
12
13
14

OUT OF BUSINESS

BEGIN	END	DATE	POSITION	CERTIFICATE NUMBER	TYPE
10:30 AM	11:45 AM	09/26/11	24870	01-48-00152	<input checked="" type="checkbox"/> School
12:00	12:00				<input type="checkbox"/> Hospital
2:00	2:00				<input type="checkbox"/> Nursing
3:00	3:00				<input type="checkbox"/> Detention
4:00	4:00				<input type="checkbox"/> Lounge
5:00	5:00				<input type="checkbox"/> Civic
6:00	6:00				<input type="checkbox"/> Movie
7:00	7:00				<input type="checkbox"/> Residen.
8:00	8:00				<input type="checkbox"/> Child
9:00	9:00				<input type="checkbox"/> Limited
10:00	10:00				<input type="checkbox"/> Other
11:00	11:00				
12:00	12:00				

*Note: Inspected below violate the requirements of Chapter 64E-11 of the Florida Administrative Code and must be corrected. Continued operation of the premises without making these corrections is a violation of Chapter 64E-11, Florida Administrative Code and Chapters 381, and 386, Florida Statutes. Violations are noted by the date and time indicated in the Results section above or an administrative fine or other legal action will be initiated.*

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> 1. Sources, etc.                    | <input type="checkbox"/> 14. Sneeze guards                                    | <input type="checkbox"/> 27. Design and fabrication    | <b>OTHER FACILITIES AND OPERATIONS</b>                       |
| <b>FOOD PROTECTION</b>                                       | <input type="checkbox"/> 15. Transportation of food                           | <input type="checkbox"/> 28. Installation and location | <input type="checkbox"/> 39. Other facilities and operations |
| <input type="checkbox"/> 2. Stored temperature               | <input type="checkbox"/> 16. Poisonous/Toxic materials                        | <input type="checkbox"/> 29. Cleanliness of equipment  | <b>TEMPORARY FOOD SERVICE EVENTS</b>                         |
| <input type="checkbox"/> 3. No further cooking/Rapid cooling | <b>PERSONNEL</b>  | <input type="checkbox"/> 30. Methods of washing        | <input type="checkbox"/> 40. Temporary food service events   |
| <input type="checkbox"/> 4. Thawing                          | <input type="checkbox"/> 17. Exclusion of personnel                           | <b>SANITARY FACILITIES AND CONTROLS</b>                | <b>VENDING MACHINES</b>                                      |
| <input type="checkbox"/> 5. Raw fruits                       | <input type="checkbox"/> 18. Cleanliness                                      | <input type="checkbox"/> 31. Water supply              | <input type="checkbox"/> 41. Vending machines                |
| <input type="checkbox"/> 6. Pork cooking                     | <input type="checkbox"/> 19. Tobacco use                                      | <input type="checkbox"/> 32. Ice                       | <b>MANAGER CERTIFICATION</b>                                 |
| <input type="checkbox"/> 7. Poultry cooking                  | <input type="checkbox"/> 20. Handwashing <u>60"</u>                           | <input type="checkbox"/> 33. Sewage                    | <input type="checkbox"/> 42. Manager certification           |
| <input type="checkbox"/> 8. Other animal cooking             | <input type="checkbox"/> 21. Handling of dishware                             | <input type="checkbox"/> 34. Plumbing                  | <b>CERTIFICATES AND FEES</b>                                 |
| <input type="checkbox"/> 9. Least contact/Reheating          | <b>EQUIPMENT/UTENSILS</b>   | <input type="checkbox"/> 35. Toilet facilities         | <input type="checkbox"/> 43. Certificates and fees           |
| <input type="checkbox"/> 10. Food container                  | <input type="checkbox"/> 22. Refrigeration facilities/Thermometers            | <input type="checkbox"/> 36. Handwashing facilities    | <b>INSPECTION/ENFORCEMENT</b>                                |
| <input type="checkbox"/> 11. Buffet requirements             | <input type="checkbox"/> 23. Sinks  | <input type="checkbox"/> 37. Garbage disposal          | <input type="checkbox"/> 44. Inspection/Enforcement          |
| <input type="checkbox"/> 12. Self-service condiments         | <input type="checkbox"/> 24. Ice storage/Counter-protector                    | <input type="checkbox"/> 38. Vermin control            |  |
| <input type="checkbox"/> 13. Reservice of food               | <input type="checkbox"/> 25. Ventilation/Storage/Sufficient equipment         |  |  |
|  | <input type="checkbox"/> 26. Dishwashing facilities <u>3 comp + sanitiser</u> |  |  |

ITEM NUMBERS Cold = 35° COMMENTS AND INSTRUCTIONS (continue on attached sheet) chk 15 = 172 Boys = 179 Ints = 165  
W/C = 32° W/F = 20 Boys = 81 ADK = 81  
Wilk = 39.

**SATISFACTORY**

39 Sweep behind FREEZER Appliances & equipment  
10 ENSURE BOXES IN FREEZER ARE STORED 6" off floor - OK.

HEALTH DEPARTMENT INSPECTOR: [Signature] PHONE: 334 7930 X3511  
 COPY OF REPORT RECEIVED BY: [Signature] DATE: 7/26/11