

**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** MK Rawlings Elementary  
**ADDRESS** 7500 NE 15th St **CITY** Gul  
**OWNER** SBA **ZIP** 31609  
**PERSON IN CHARGE** Erica Gillis **PHONE** 951-6731

**RESULTS**

Satisfactory\*  
 Incomplete  
 Unsatisfactory

Correct Violations by  
 Next Inspection  
 8:00 AM on:

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

OUT OF BUSINESS

BEGIN	END	DATE	POSITION #	CERTIFICATE NUMBER	TYPE
1:00	1:00	01/17/12	76872	01-48-00133	<input type="checkbox"/> Hospital
2:05 AM	2:05 AM	01/17/12	00000	000000000	<input type="checkbox"/> Nursing
3:10 PM	3:10 PM	01/17/12	00000	000000000	<input type="checkbox"/> Detention
4:15	4:15	01/17/12	00000	000000000	<input type="checkbox"/> Lounge
5:20	5:20	01/17/12	00000	000000000	<input type="checkbox"/> Civic
6:25	6:25	01/17/12	00000	000000000	<input type="checkbox"/> Movie
7:30	7:30	01/17/12	00000	000000000	<input checked="" type="checkbox"/> School
8:35	8:35	01/17/12	00000	000000000	<input type="checkbox"/> Residen.
9:40	9:40	01/17/12	00000	000000000	<input type="checkbox"/> Child
10:45	10:45	01/17/12	00000	000000000	<input type="checkbox"/> Limited
11:50	11:50	01/17/12	00000	000000000	<input type="checkbox"/> Other
12:55	12:55	01/17/12	00000	000000000	<input type="checkbox"/> Other

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.

<b>FOOD SUPPLIES</b>	<input type="checkbox"/> 14. Sneez guards <u>ok</u>	<input type="checkbox"/> 27. Design and fabrication	<b>OTHER FACILITIES AND OPERATIONS</b>	
<input type="checkbox"/> 1. Sources, etc.	<input type="checkbox"/> 15. Transportation of food	<input type="checkbox"/> 28. Installation and location		
<b>FOOD PROTECTION</b>	<input type="checkbox"/> 16. Poisonous/Toxic materials	<input type="checkbox"/> 29. Cleaning of equipment		<b>TEMPORARY FOOD SERVICE EVENTS</b>
<input type="checkbox"/> 2. Stored temperature <u>90-3</u>	<b>PERSONNEL</b> <u>washes gloves</u>	<input type="checkbox"/> 30. Methods of washing		
<input type="checkbox"/> 3. No further cooking Rapid cooling	<input type="checkbox"/> 17. Exclusion of personnel	<b>SANITARY FACILITIES AND CONTROLS</b>	<b>VENDING MACHINES</b>	
<input type="checkbox"/> 4. Thawing	<input type="checkbox"/> 18. Cleanliness	<input type="checkbox"/> 31. Water supply <u>can</u>		
<input type="checkbox"/> 5. Raw fruits	<input type="checkbox"/> 19. Tobacco use	<input type="checkbox"/> 32. Ice	<b>MANAGER CERTIFICATION</b>	
<input type="checkbox"/> 6. Pork cooking	<input type="checkbox"/> 20. Handwashing	<input type="checkbox"/> 33. Sewage <u>can</u>		
<input type="checkbox"/> 7. Poultry cooking	<input type="checkbox"/> 21. Handling of dishware	<input type="checkbox"/> 34. Plumbing	<b>CERTIFICATES AND FEES</b>	
<input type="checkbox"/> 8. Other animal cooking	<b>EQUIPMENT/UTENSILS</b>	<input type="checkbox"/> 35. Toilet facilities		
<input type="checkbox"/> 9. Least contact Reheating	<input type="checkbox"/> 22. Refrigeration facilities Thermometers	<input type="checkbox"/> 36. Handwashing facilities	<b>INSPECTION/ENFORCEMENT</b>	
<input type="checkbox"/> 10. Food container	<input type="checkbox"/> 23. Sinks	<input type="checkbox"/> 37. Garbage disposal		
<input type="checkbox"/> 11. Buffet requirements	<input type="checkbox"/> 24. Ice storage/Counter-protector	<input type="checkbox"/> 38. Vermin control <u>can</u>		
<input type="checkbox"/> 12. Self-service condiments	<input type="checkbox"/> 25. Ventilation/Storage/Sufficient equipment			
<input type="checkbox"/> 13. Reservice of food	<input type="checkbox"/> 26. Dishwashing facilities			

**ITEM NUMBERS** 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38

**COMMENTS AND INSTRUCTIONS** (continue on attached sheet)  
Hobart @ 1540/1400 w/500mic + 310mp sink @ 1490 w/500mic  
Washing Quin @ 1450 + 7000  
Borden @ 2050  
Pine @ 1700  
Salt @ 400

\* Kitchen facility of equipment was clean. His use of old storage to per. satisfactory

Reminder: change water frequency to maintain 50-100ppm chlorine sanitizer

HEALTH DEPARTMENT INSPECTOR: [Signature] PHONE: 334 7230

COPY OF REPORT RECEIVED BY: [Signature] DATE: 1-18-12