

STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT

FOOD SERVICE
INSPECTION REPORT



AD

PURPOSE:

- ROUTINE
- COMPLAINT
- COMPLAINT
- COMPLAINT
- COMPLAINT
- OTHER
- REINSPECTION
- CHANGED OWNER
- CHANGING LOCATION
- OTHER

NAME OF ESTABLISHMENT Reichert House YOUTH ACADEMY
 ADDRESS 1704 SE 2ND AVE CITY GAINESVILLE
 OWNER BLACK ON BLACK CRIME TASK FORCE ZIP 32641
 PERSON IN CHARGE Julian McCoy PHONE 352 334 2321

RESULTS

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

BEGIN	END	DATE	POSITION #	CERTIFICATE NUMBER	TYPE
4:00pm	4:45pm	05/11/11	26870	01-48-00606	Food Service
1:00	1:00	05/11/11	00000000	00000000	Food Service
2:00 AM	2:05 AM	05/11/11	00000000	00000000	Food Service
3:10 PM	3:10 PM	05/11/11	00000000	00000000	Food Service
4:15	4:15	05/11/11	00000000	00000000	Food Service
5:20	5:20	05/11/11	00000000	00000000	Food Service
6:25	6:25	05/11/11	00000000	00000000	Food Service
7:30	7:30	05/11/11	00000000	00000000	Food Service
8:35	8:35	05/11/11	00000000	00000000	Food Service
9:40	9:40	05/11/11	00000000	00000000	Food Service
10:45	10:45	05/11/11	00000000	00000000	Food Service
11:50	11:50	05/11/11	00000000	00000000	Food Service
12:55	12:55	05/11/11	00000000	00000000	Food Service

DATE	TIME	STATUS
05/11/11	08:00 AM	05
05/11/11	11:00 AM	06
05/11/11	02:00 PM	07
05/11/11	03:00 PM	08
05/11/11	04:00 PM	09
05/11/11	05:00 PM	10
05/11/11	06:00 PM	11
05/11/11	07:00 PM	12
05/11/11	08:00 PM	13
05/11/11	09:00 PM	14

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 387, and 389, 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.

- | | | | |
|---|---|--|---|
| <p>FOOD SUPPLIES</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1. Sources, etc. <p>FOOD PROTECTION</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1. Stored temperature <input type="checkbox"/> 2. No further cooking/Rapid cooling <input type="checkbox"/> 3. Thawing <input type="checkbox"/> 4. Reuse of oil <input type="checkbox"/> 5. Cooked holding <input type="checkbox"/> 6. Partial cooking <input type="checkbox"/> 7. Partial cooking <input type="checkbox"/> 8. Other partial cooking <input type="checkbox"/> 9. Cooked holding/Reheat <input type="checkbox"/> 10. Food examiner <input type="checkbox"/> 11. Buffet requirements <input type="checkbox"/> 12. Self-service equipment <input type="checkbox"/> 13. Reuse of oil | <ul style="list-style-type: none"> <input type="checkbox"/> 14. Sneeze guards <input type="checkbox"/> 15. Transportation of food <input type="checkbox"/> 16. Employees/Toxic materials <p>PERSONNEL</p> <ul style="list-style-type: none"> <input type="checkbox"/> 17. Exclusion of personnel <input type="checkbox"/> 18. Cleanliness <input type="checkbox"/> 19. Tobacco use <input type="checkbox"/> 20. Handwashing <input type="checkbox"/> 21. Handling of dishware <p>EQUIPMENT/UTENSILS</p> <ul style="list-style-type: none"> <input type="checkbox"/> 22. Refrigeration facilities/Thermometers <input type="checkbox"/> 23. Sinks <input type="checkbox"/> 24. Ice storage/Counter protection <input type="checkbox"/> 25. Ventilation/Storage/Sufficient potpourri <input type="checkbox"/> 26. Dishwashing facilities | <ul style="list-style-type: none"> <input type="checkbox"/> 27. Design and location <input type="checkbox"/> 28. Installation and location <input type="checkbox"/> 29. Cleanliness of equipment <input type="checkbox"/> 30. Methods of washing <p>SANITARY FACILITIES AND CONTROLS</p> <ul style="list-style-type: none"> <input type="checkbox"/> 31. Water supply <input type="checkbox"/> 32. Ice <input type="checkbox"/> 33. Sinks <input type="checkbox"/> 34. Plumbing <input type="checkbox"/> 35. Tiller facilities <input type="checkbox"/> 36. Handwashing facilities <input type="checkbox"/> 37. Garbage disposal <input checked="" type="checkbox"/> 38. Vermin control | <p>OTHER FACILITIES AND OPERATIONS</p> <ul style="list-style-type: none"> <input type="checkbox"/> 39. Other facilities and operations <p>TEMPORARY FOOD SERVICE EVENTS</p> <ul style="list-style-type: none"> <input type="checkbox"/> 40. Temporary food service events <p>VENDING MACHINES</p> <ul style="list-style-type: none"> <input type="checkbox"/> 41. Vending machines <p>MANAGER CERTIFICATION</p> <ul style="list-style-type: none"> <input type="checkbox"/> 42. Manager certification <p>CERTIFICATES AND FEES</p> <ul style="list-style-type: none"> <input type="checkbox"/> 43. Certificates and fees <p>INSPECTION/ENFORCEMENT</p> <ul style="list-style-type: none"> <input type="checkbox"/> 44. Inspection/enforcement |
|---|---|--|---|

ITEM NUMBERS: _____ COMMENTS AND INSTRUCTIONS: SATISFACTORY INSPECTION DATE EXTENDED FROM 5/14/11 TO 5/11/11.
 (continue on attached sheet)

38. CONTINUE EFFECTIVE PEST CONTROL MEASURES.
WIND CURTAIN ON ORDER FOR BACK DOOR.

HEALTH DEPARTMENT INSPECTOR: [Signature] PHONE: 334 7930 X3511
 COUNTY HEALTH DEPARTMENT: [Signature] DATE: 5/11/11