

STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT
FOOD SERVICE
INSPECTION REPORT



PURPOSE:
 ROUTINE REINSPECTION
 CONSTRUCT. CHANGE OF OWNER
 COMPLAINT CONSULTATION
 QA SURVEY OTHER
 OTHER _____

NAME OF ESTABLISHMENT Santa Fe High School
ADDRESS 16331 W. 11th Ave **CITY** Alachua
OWNER SBC **ZIP** 32311
PERSON IN CHARGE Diana Anderson **PHONE** 462-7414

RESULTS

Satisfactory
 Incomplete
 Unsatisfactory

Correct Violations by
 Next Inspection
 8:00 AM on:

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

DATE
0 3 0 5 0 9
0 0 0 0 0 05
1 1 1 1 0 06
2 2 2 2 0 07
3 3 3 3 0 08
4 4 4 4 0 09
5 5 5 5 0 10
6 6 6 6 0 11
7 7 7 7 0 12
8 8 8 8 0 13
9 9 9 9 0 14

POSITION #
2 4 3 8 2
0 0 0 0 0 0
1 1 1 1 0 0
2 2 2 2 0 0
3 3 3 3 0 0
4 4 4 4 0 0
5 5 5 5 0 0
6 6 6 6 0 0
7 7 7 7 0 0
8 8 8 8 0 0
9 9 9 9 0 0

CERTIFICATE NUMBER
0 1 - 4 8 - 0 0 1 3 4
0 0 0 0 0 0
1 1 1 1 0 0
2 2 2 2 0 0
3 3 3 3 0 0
4 4 4 4 0 0
5 5 5 5 0 0
6 6 6 6 0 0
7 7 7 7 0 0
8 8 8 8 0 0
9 9 9 9 0 0

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

DATE
0 0 0 0 0 05
1 1 1 1 0 06
2 2 2 2 0 07
3 3 3 3 0 08
4 4 4 4 0 09
5 5 5 5 0 10
6 6 6 6 0 11
7 7 7 7 0 12
8 8 8 8 0 13
9 9 9 9 0 14

OUT OF BUSINESS

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.

- FOOD SUPPLIES**
 1. Sources, etc.
- FOOD PROTECTION**
 2. Stored temperature *cool*
 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 *good*
 11. Buffet requirements
 12. Self-service condiments *good*
 13. Reserve 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 *ok*
 24. Ice storage/Counter-protector *ok*
 25. Ventilation/Storage/Sufficient equipment
 26. Dishwashing facilities *trick sink (w/cont. rec. stat. - 100%)*

27. Design and fabrication
 28. Installation and location
 29. Cleanliness of equipment *ok*
 30. Methods of washing
- SANITARY FACILITIES AND CONTROLS**
 31. Water supply
 32. Ice *ok*
 33. Sewage
 34. Plumbing *ok*
 35. Toilet facilities *ok*
 36. Handwashing facilities *ok*
 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 *w/c 40°F* *Notice must be given 2 days in advance* **COMMENTS AND INSTRUCTIONS** (continue on attached sheet) *spring for source of 1927*

① sections of stored *ice* in poorly room.

② drain plug broken & bottom of dumpster appears beginning to rust?

③ Older kitchen facility is reportedly scheduled for 'replacement' within 1 1/2 years appears to be up to date & maintained as well as possible w/ no major problems current.

HEALTH DEPARTMENT INSPECTOR: [Signature] PHONE: 334 743
 COPY OF REPORT RECEIVED BY: [Signature] DATE: 3-25-09