STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT

FOOD SERVICE INSPECTION REPORT

SPEC

PURPOSE:

- ☐ ROUTINE
- ☐ CONSTRUCT.
- ☐ COMPLAINT
- ☐ QA SURVEY
- ☐ OTHER
- ☐ REINSPECTION
- ☐ CHANGE OF OWNER
- ☐ CONSULTATION
- ☐ OTHER

NAME OF ESTABLISHMENT Jimmy's Restaurant (a SF Food Court)

ADDRESS 3000 **CITY** Gulf

OWNER Rebecca Thompson **ZIP** 32636

PERSON IN CHARGE Manager **PHONE** 328-4561

RESULTS

- ☒ Satisfactory
- ☐ Incomplete
- ☐ Unsatisfactory

Correct Violations by
- ☐ Next Inspection
- ☐ 8:00 AM on:

DATE		
00	00	05
11	11	06
22	22	07
33	33	08
44	44	09
55	55	10
66	66	11
77	77	12
88	88	13
99	99	14

☐ OUT OF BUSINESS

BEGIN		END	
1:00		1:30	
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			
02	11	09	
00	00	00	05
11	11	11	06
	22	22	07
	33	33	08
	44	44	09
	55	55	10
	66	66	11
	77	77	12
	88	88	13
	99	99	14

POSITION #	
2	6 8 9 2

CERTIFICATE NUMBER	
01	- 48 - 0063

TYPE	
☐	Hospital
☐	Nursing
☐	Detention
☐	Lounge
☐	Civic
☐	Movie
☒	School
☐	Residen.
☐	Child
☐	Limited
☐	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.

FOOD SUPPLIES
- ☐ 1. Sources, etc.

FOOD PROTECTION
- ☐ 2. Stored temperature 41°F cold
- ☐ 3. No further cooking/Rapid cooling
- ☐ 4. Thawing (water)
- ☐ 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 3 bay sink w/150 ppm quat ammonia / dishwasher @ 82°F w/chlorine sanitizer
- ☐ 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 | **COMMENTS AND INSTRUCTIONS** (continue on attached sheet)

(#23) dirty pipe & hand sink to be held stationary over floor drains. Hot water knob loose, need to tighten pressure

(#39) Floor tiles in kitchen/prep areas to be cleaned thoroughly each day.

HEALTH DEPARTMENT INSPECTOR: [illegible] *PHONE:* 331-7430

COPY OF REPORT RECEIVED BY: [illegible] *DATE:* 2/11/09

DH Form 4023, 1/05 (Obsoletes Previous Editions)

ESTABLISHMENT/FACILITY