(12/12/08)

STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT

FOOD SERVICE INSPECTION REPORT

PURPOSE:

- [x] ROUTINE
- [ ] REINSPECTION
- [ ] CONSTRUCT.
- [ ] CHANGE OF OWNER
- [ ] COMPLAINT
- [ ] CONSULTATION
- [ ] QA SURVEY
- [ ] OTHER
- [ ] OTHER _____

NAME OF ESTABLISHMENT WESTWOOD MIDDLE SCHOOL
ADDRESS 3215 NW 15TH AVE **CITY** GOL
OWNER S.B.A.C. **ZIP** 32605
PERSON IN CHARGE WENDY KIENTZ **PHONE** 955-6738

RESULTS

- [x] Satisfactory
- [ ] Incomplete
- [ ] Unsatisfactory

Correct Violations by
- [x] Next Inspection
- [ ] 8:00 AM on:

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

- [ ] OUT OF BUSINESS

BEGIN	END
1:15	2:00
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	1	0	9
0	0	0	0	05
1	1	1	1	06
	2	2	2	07
	3	3	3	08
	4		4	09
	5		5	10
	6		6	11
	7		7	12
	8		8	13
	9		9	14

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

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

TYPE

- [ ] Hospital
- [ ] Nursing
- [ ] Detention
- [ ] Lounge
- [ ] Civic
- [ ] Movie
- [x] 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 (ok)
- [ ] 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 (ok)
- [ ] 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 (ok)
- [ ] 23. Sinks
- [ ] 24. Ice storage/Counter-protector
- [ ] 25. Ventilation/Storage/Sufficient equipment
- [ ] 26. Dishwashing facilities 3 comp. sink / hand sink
- [ ] 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
- [x] 34. Plumbing Non screen
- [ ] 35. Toilet facilities
- [ ] 36. Handwashing facilities (ok)
- [ ] 37. Garbage disposal
- [ ] 38. Vermin control (ok)

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)

Hoshrank cooler (Not ready) @ 40°F
Walk in cooler @ 33°F
Walk in freezer @ 6°F
Veg. cooler @ 39°F
Hamburger @ 134°F
Pizza sauce @ 135°F
Low milk @ 41°F (Jan 16 exp date)
Meatballs @ 170°F

—	Strive to maintain hot foods on serving line @/above 140°F.
34 —	Floor drain screen below 3 comp. sink, chlorine sanitizer @ 100 ppm (ok)
→	Facility remains overall well-maintained & operated.

HEALTH DEPARTMENT INSPECTOR: Lee Coker PHONE: 334 7930
COPY OF REPORT RECEIVED BY: [illegible] DATE: 1-8-09

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

ESTABLISHMENT/FACILITY