

# DEPARTMENT OF HEALTH COUNTY HEALTH DEPARTMENT



Inspected on 9-27-11

**PURPOSE:**

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

## FOOD SERVICE INSPECTION REPORT

NAME OF ESTABLISHMENT Westwood Middle School  
 ADDRESS 3215 NW 15th Ave CITY GL  
 OWNER SBA ZIP 32605  
 PERSON IN CHARGE Wendy K. Katz PHONE 955-6338

### RESULTS

Satisfactory  
 Incomplete  
 Unsatisfactory

Correct Violations by  
 Next Inspection  
 8:00 AM on: \_\_\_\_\_

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

OUT OF BUSINESS

1:00	1:30	DATE	POSITION #	CERTIFICATE NUMBER	TYPE
<input type="checkbox"/>	<input type="checkbox"/>	11-01-11	26882	01-48-00276	<input type="checkbox"/> Hospital
<input type="checkbox"/>	<input type="checkbox"/>	05			<input type="checkbox"/> Nursing
<input type="checkbox"/>	<input type="checkbox"/>	06			<input type="checkbox"/> Detention
<input type="checkbox"/>	<input type="checkbox"/>	07			<input type="checkbox"/> Lounge
<input type="checkbox"/>	<input type="checkbox"/>	08			<input type="checkbox"/> Civic
<input type="checkbox"/>	<input type="checkbox"/>	09			<input type="checkbox"/> Movie
<input type="checkbox"/>	<input type="checkbox"/>	10			<input checked="" type="checkbox"/> School
<input type="checkbox"/>	<input type="checkbox"/>	11			<input type="checkbox"/> Residen.
<input type="checkbox"/>	<input type="checkbox"/>	12			<input type="checkbox"/> Child
<input type="checkbox"/>	<input type="checkbox"/>	13			<input type="checkbox"/> Limited
<input type="checkbox"/>	<input type="checkbox"/>	14			<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.*

- |  |  |   |
|--|--|---|
| <p><b>FOOD SUPPLIES</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1. Sources, etc.</li> </ul> <p><b>FOOD PROTECTION</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 2. Stored temperature <u>(ok)</u></li> <li><input type="checkbox"/> 3. No further cooking/Rapid cooling</li> <li><input type="checkbox"/> 4. Thawing</li> <li><input type="checkbox"/> 5. Raw fruits</li> <li><input type="checkbox"/> 6. Pork cooking</li> <li><input type="checkbox"/> 7. Poultry cooking</li> <li><input type="checkbox"/> 8. Other animal cooking</li> <li><input type="checkbox"/> 9. Least contact/Reheating</li> <li><input type="checkbox"/> 10. Food container <u>(ok)</u></li> <li><input type="checkbox"/> 11. Buffet requirements</li> <li><input type="checkbox"/> 12. Self-service condiments</li> <li><input type="checkbox"/> 13. Reserve of food</li> </ul> | <p><b>PERSONNEL</b> <u>(ok)</u></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 14. Snazze guards</li> <li><input type="checkbox"/> 15. Transportation of food</li> <li><input type="checkbox"/> 16. Poisonous/Toxic materials</li> <li><input type="checkbox"/> 17. Exclusion of personnel</li> <li><input type="checkbox"/> 18. Cleanliness</li> <li><input type="checkbox"/> 19. Tobacco use</li> <li><input type="checkbox"/> 20. Handwashing</li> <li><input type="checkbox"/> 21. Handling of dishware</li> </ul> <p><b>EQUIPMENT/UTENSILS</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 22. Refrigeration facilities/Thermometers</li> <li><input type="checkbox"/> 23. Sinks</li> <li><input type="checkbox"/> 24. Ice storage/Counter-protector</li> <li><input type="checkbox"/> 25. Ventilation/Storage/Sufficient equipment</li> <li><input type="checkbox"/> 26. Dishwashing facilities</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> 27. Design and fabrication</li> <li><input type="checkbox"/> 28. Installation and location</li> <li><input type="checkbox"/> 29. Cleanlines <u>(ok)</u> equipment</li> <li><input type="checkbox"/> 30. Methods of washing</li> </ul> <p><b>SANITARY FACILITIES AND CONTROLS</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 31. Water supply <u>(ok)</u></li> <li><input type="checkbox"/> 32. Ice</li> <li><input type="checkbox"/> 33. Sewage <u>(ok)</u></li> <li><input type="checkbox"/> 34. Plumbing</li> <li><input type="checkbox"/> 35. Toilet facilities</li> <li><input type="checkbox"/> 36. Handwashing facilities <u>(ok)</u></li> <li><input type="checkbox"/> 37. Garbage disposal <u>(ok)</u></li> <li><input type="checkbox"/> 38. Vermin control <u>(ok)</u></li> </ul> |
|--|--|---|

- 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 Line A: 1387, 1388, 1389, 1390, 1391, 1392, 1393, 1394, 1395, 1396, 1397, 1398, 1399, 1400, 1401, 1402, 1403, 1404, 1405, 1406, 1407, 1408, 1409, 1410, 1411, 1412, 1413, 1414, 1415, 1416, 1417, 1418, 1419, 1420, 1421, 1422, 1423, 1424, 1425, 1426, 1427, 1428, 1429, 1430, 1431, 1432, 1433, 1434, 1435, 1436, 1437, 1438, 1439, 1440, 1441, 1442, 1443, 1444, 1445, 1446, 1447, 1448, 1449, 1450, 1451, 1452, 1453, 1454, 1455, 1456, 1457, 1458, 1459, 1460, 1461, 1462, 1463, 1464, 1465, 1466, 1467, 1468, 1469, 1470, 1471, 1472, 1473, 1474, 1475, 1476, 1477, 1478, 1479, 1480, 1481, 1482, 1483, 1484, 1485, 1486, 1487, 1488, 1489, 1490, 1491, 1492, 1493, 1494, 1495, 1496, 1497, 1498, 1499, 1500

COMMENTS AND INSTRUCTIONS (continue on attached sheet)

Line B: 1387, 1388, 1389, 1390, 1391, 1392, 1393, 1394, 1395, 1396, 1397, 1398, 1399, 1400, 1401, 1402, 1403, 1404, 1405, 1406, 1407, 1408, 1409, 1410, 1411, 1412, 1413, 1414, 1415, 1416, 1417, 1418, 1419, 1420, 1421, 1422, 1423, 1424, 1425, 1426, 1427, 1428, 1429, 1430, 1431, 1432, 1433, 1434, 1435, 1436, 1437, 1438, 1439, 1440, 1441, 1442, 1443, 1444, 1445, 1446, 1447, 1448, 1449, 1450, 1451, 1452, 1453, 1454, 1455, 1456, 1457, 1458, 1459, 1460, 1461, 1462, 1463, 1464, 1465, 1466, 1467, 1468, 1469, 1470, 1471, 1472, 1473, 1474, 1475, 1476, 1477, 1478, 1479, 1480, 1481, 1482, 1483, 1484, 1485, 1486, 1487, 1488, 1489, 1490, 1491, 1492, 1493, 1494, 1495, 1496, 1497, 1498, 1499, 1500

\* Facility, equipment & food service operation appear clean & satisfactory.

(#14) No food items on upper platform along buffet line (A) w/out protective sneeze guard or covering, etc.

HEALTH DEPARTMENT INSPECTOR: Lee Z. Katz PHONE: 334-7430

COPY OF REPORT RECEIVED BY: Wendy Katz DATE: 11-1-11