

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



PURPOSE:

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

NAME OF ESTABLISHMENT Genesis Preparatory School
 ADDRESS 207 NW 23 Ave CITY GM
 OWNER Mo Henry ZIP 32609
 PERSON IN CHARGE Mo Henry PHONE 379-1188

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

| BEGIN | END | DATE | POSITION # | CERTIFICATE NUMBER | TYPE |
|---------|---------|----------|------------|--------------------|-----------|
| 11:30 | 12:00 | 10/28/16 | 216869 | 91-48-13702A3 | School |
| 1:00 | 1:00 | 00 | 00 | 00 | Hospital |
| 2:05 AM | 2:05 AM | 00 | 00 | 00 | Nursing |
| 3:10 PM | 3:10 PM | 00 | 00 | 00 | Detention |
| 4:15 | 4:15 | 00 | 00 | 00 | Lounge |
| 5:20 | 5:20 | 00 | 00 | 00 | Civic |
| 6:25 | 6:25 | 00 | 00 | 00 | Movie |
| 7:30 | 7:30 | 00 | 00 | 00 | Residen. |
| 8:35 | 8:35 | 00 | 00 | 00 | Child |
| 9:40 | 9:40 | 00 | 00 | 00 | Limited |
| 10:45 | 10:45 | 00 | 00 | 00 | Other |
| 11:50 | 11:50 | 00 | 00 | 00 | |
| 12:55 | 12:55 | 00 | 00 | 00 | |

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.

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> 1. Sources, etc. | <input type="checkbox"/> 14. Sneeze guards | <input type="checkbox"/> 27. Design and fabrication | OTHER FACILITIES |
| FOOD PROTECTION | <input type="checkbox"/> 15. Transportation of food | <input type="checkbox"/> 28. Installation and location | AND OPERATIONS |
| <input type="checkbox"/> 2. Stored temperature | <input type="checkbox"/> 16. Poisonous/Toxic materials | <input type="checkbox"/> 29. Cleanliness of equipment | <input type="checkbox"/> 39. Other facilities and operations |
| <input type="checkbox"/> 3. No further cooking/Rapid cooling | PERSONNEL | <input type="checkbox"/> 30. Methods of washing | TEMPORARY FOOD |
| <input type="checkbox"/> 4. Thawing | <input type="checkbox"/> 17. Exclusion of personnel | SANITARY FACILITIES | SERVICE EVENTS |
| <input type="checkbox"/> 5. Raw fruits | <input type="checkbox"/> 18. Cleanliness | AND CONTROLS | <input type="checkbox"/> 40. Temporary food service events |
| <input type="checkbox"/> 6. Pork cooking | <input type="checkbox"/> 19. Tobacco use | <input type="checkbox"/> 31. Water supply | VENDING MACHINES |
| <input type="checkbox"/> 7. Poultry cooking | <input type="checkbox"/> 20. Handwashing | <input type="checkbox"/> 32. Ice | <input type="checkbox"/> 41. Vending machines |
| <input type="checkbox"/> 8. Other animal cooking | <input type="checkbox"/> 21. Handling of dishware | <input type="checkbox"/> 33. Sewage | MANAGER CERTIFICATION |
| <input type="checkbox"/> 9. Least contact/Reheating | EQUIPMENT/UTENSILS | <input type="checkbox"/> 34. Plumbing | <input type="checkbox"/> 42. Manager certification |
| <input type="checkbox"/> 10. Food container | <input type="checkbox"/> 22. Refrigeration facilities/Thermometers | <input type="checkbox"/> 35. Toilet facilities | CERTIFICATES AND FEES |
| <input type="checkbox"/> 11. Buffet requirements | <input type="checkbox"/> 23. Sinks | <input type="checkbox"/> 36. Handwashing facilities | <input type="checkbox"/> 43. Certificates and fees |
| <input type="checkbox"/> 12. Self-service condiments | <input type="checkbox"/> 24. Ice storage/Counter-protector | <input type="checkbox"/> 37. Garbage disposal | INSPECTION/ENFORCEMENT |
| <input type="checkbox"/> 13. Reservice of food | <input type="checkbox"/> 25. Ventilation/Storage/Sufficient equipment | <input type="checkbox"/> 38. Vermin control | <input type="checkbox"/> 44. Inspection/Enforcement |
| | <input type="checkbox"/> 26. Dishwashing facilities | | |

| ITEM NUMBERS | COMMENTS AND INSTRUCTIONS (continue on attached sheet) |
|--------------|---|
| | Satisfactory. Permit is current. |

HEALTH DEPARTMENT INSPECTOR: [Signature] PHONE: 352 334-7930
 COPY OF REPORT RECEIVED BY: [Signature] DATE: 10/28/16

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