

STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT



PURPOSE:

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

FOOD SERVICE
INSPECTION REPORT

NAME OF ESTABLISHMENT: Hidden Oak *Stementam*
 ADDRESS: 100 Ft. Clarke Blvd CITY: ...
 OWNER: B. Barris ZIP: ...
 PERSON IN CHARGE: B. Barris PHONE: 333-2808

RESULTS

- Satisfactory
- Incomplete
- Unsatisfactory

Correct Violations by
 Next Inspection
 8:00 AM on:

DATE	TIME	STATUS
05	05	05
06	06	06
07	07	07
08	08	08
09	09	09
10	10	10
11	11	11
12	12	12
13	13	13
14	14	14

OUT OF BUSINESS

BEGIN	END
02	02
03	03
04	04
05	05
06	06
07	07
08	08
09	09
10	10
11	11
12	12
13	13
14	14

DATE
4
3
7
05
06
07
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09
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11
12
13
14

POSITION #
6
6
05
06
07
08
09
10
11
12
13
14

CERTIFICATE NUMBER
31
4
8
05
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13
14

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

This document shall be subject to the health orders of the Florida Department of Health. Any violation of these orders shall be subject to the Florida Administrative Code and Chapter 380, Florida Statutes. Violations shall be reported to the State and may be enforced by the Florida Department of Health. Any administrative hearing or other local action shall be subject to the Florida Administrative Code and Chapter 380, Florida Statutes.

<p>FOOD SUPPLIES</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1. Sources, etc. <p>FOOD PROTECTION</p> <ul style="list-style-type: none"> <input type="checkbox"/> 2. Stored temperature <input type="checkbox"/> 3. No further cooking/Rapid cooling <input type="checkbox"/> 4. Thawing <input type="checkbox"/> 5. Raw fruits <input type="checkbox"/> 6. Pork cooking <input type="checkbox"/> 7. Poultry cooking <input type="checkbox"/> 8. Other animal cooking <input type="checkbox"/> 9. Least contact/Reheating <input type="checkbox"/> 10. Food container <input type="checkbox"/> 11. Buffet requirements <input type="checkbox"/> 12. Self-service condiments <input type="checkbox"/> 13. Reservice of food 	<ul style="list-style-type: none"> <input type="checkbox"/> 14. Sneeze guards <input type="checkbox"/> 15. Transportation of food <input type="checkbox"/> 16. Poisonous/Toxic materials <p>PERSONNEL</p> <ul style="list-style-type: none"> <input type="checkbox"/> 17. Exclusion of personnel <input type="checkbox"/> 18. Cleanliness <input type="checkbox"/> 19. Tobacco use <input type="checkbox"/> 20. Handwashing <input type="checkbox"/> 21. Handling of dishware <p>EQUIPMENT/UTENSILS</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 22. Refrigeration facilities/Thermometers <input type="checkbox"/> 23. Sinks <input type="checkbox"/> 24. Ice storage/Counter-protector <input type="checkbox"/> 25. Ventilation/Storage/Sufficient equipment <input type="checkbox"/> 26. Dishwashing facilities 	<ul style="list-style-type: none"> <input type="checkbox"/> 27. Design and fabrication <input type="checkbox"/> 28. Installation and location <input checked="" type="checkbox"/> 29. Cleanliness of equipment <input type="checkbox"/> 30. Methods of washing <p>SANITARY FACILITIES AND CONTROLS</p> <ul style="list-style-type: none"> <input type="checkbox"/> 31. Water supply <input type="checkbox"/> 32. Ice <input type="checkbox"/> 33. Sewage <input type="checkbox"/> 34. Plumbing <input type="checkbox"/> 35. Toilet facilities <input type="checkbox"/> 36. Handwashing facilities <input type="checkbox"/> 37. Garbage disposal <input type="checkbox"/> 38. Vermin control 	<p>OTHER FACILITIES AND OPERATIONS</p> <ul style="list-style-type: none"> <input type="checkbox"/> 39. Other facilities and operations. <p>TEMPORARY FOOD SERVICE EVENTS</p> <ul style="list-style-type: none"> <input type="checkbox"/> 40. Temporary food service events <p>VENDING MACHINES</p> <ul style="list-style-type: none"> <input type="checkbox"/> 41. Vending machines <p>MANAGER CERTIFICATION</p> <ul style="list-style-type: none"> <input type="checkbox"/> 42. Manager certification <p>CERTIFICATES AND FEES</p> <ul style="list-style-type: none"> <input type="checkbox"/> 43. Certificates and fees <p>INSPECTION/ENFORCEMENT</p> <ul style="list-style-type: none"> <input type="checkbox"/> 44. Inspection/Enforcement
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ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
#29	No food service time of insp. permit is current. Repair milk cooler. Thermometer. To clean dusty ice machine brown plastic filter. 8 dust/acid ground fan by D/W machine & stop of vending machine in coffee.

HEALTH DEPARTMENT INSPECTOR: [Signature] PHONE: 334-7930
 COPY OF REPORT RECEIVED BY: [Signature] DATE: 4-13-17