

STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT



FOOD SERVICE
INSPECTION REPORT

PURPOSE:

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

NAME OF ESTABLISHMENT: Sidney Janie School
 ADDRESS: 313 NW 16 Ave CITY: GVL
 OWNER: AS SB ZIP: 33000
 PERSON IN CHARGE: Joe Smith PHONE: 353-636

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- Hospital
- Nursing
- Detention
- Lounge
- Civic
- Movie
- School
- Residen.
- Child
- Limited
- Other

RESULTS

Satisfactory
 Incomplete
 Unsatisfactory

Correct Violations by
 Next Inspection
 8:00 AM on:

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OUT OF BUSINESS

FOOD SUPPLIES

- 1. Sources, etc.
- 2. Stored temperature
- 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
- 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

- 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)

#37 Kitchen/dining room appear clean/well kept. Previous violation corrected. Milk cooler seal is cleaned & sanitized new ~~seal~~ sweep. Note: No food service at time of inspection. ~~garbage disposal~~ dumpster pad (has some debris/trash).

HEALTH DEPARTMENT INSPECTOR: Alexander

PHONE: 352 334-7930

COPY OF REPORT RECEIVED BY: [Signature]

DATE: 4-28-17