

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

A



PURPOSE:

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

NAME OF ESTABLISHMENT One Room Middle School
 ADDRESS 3930 NE 15 St CITY GVL
 OWNER Neil Drake ZIP 32609
 PERSON IN CHARGE X Sarah Sonberg PHONE (352) 376-4017

RESULTS

Satisfactory
 Incomplete
 Unsatisfactory

Correct Violations by
 Next Inspection
 8:00 AM on:

DATE
00 00 00 05
01 01 01 06
02 02 02 07
03 03 03 08
04 04 04 09
05 05 05 10
06 06 06 11
07 07 07 12
08 08 08 13
09 09 09 14

OUT OF BUSINESS

BEGIN	END	DATE	POSITION #	CERTIFICATE NUMBER	TYPE
11:30	12:00	12 05 16	26869	01 - 48 - 1374250	<input checked="" type="checkbox"/> School
00 00	00 00	00 00 00 05	00 00 00 00	00 00 00 00 00	<input type="checkbox"/> Hospital
01 05	02 05	01 00 00 06	01 00 00 00	01 00 00 00 00	<input type="checkbox"/> Nursing
03 10	03 10	02 00 00 07	02 00 00 00	02 00 00 00 00	<input type="checkbox"/> Detention
04 15	04 15	03 00 00 08	03 00 00 00	03 00 00 00 00	<input type="checkbox"/> Lounge
05 20	05 20	04 00 00 09	04 00 00 00	04 00 00 00 00	<input type="checkbox"/> Civic
06 25	06 25	05 00 00 10	05 00 00 00	05 00 00 00 00	<input type="checkbox"/> Movie
07 30	07 30	06 00 00 11	06 00 00 00	06 00 00 00 00	<input checked="" type="checkbox"/> School
08 35	08 35	07 00 00 12	07 00 00 00	07 00 00 00 00	<input type="checkbox"/> Residen.
09 40	09 40	08 00 00 13	08 00 00 00	08 00 00 00 00	<input type="checkbox"/> Child
10 45	10 45	09 00 00 14	09 00 00 00	09 00 00 00 00	<input type="checkbox"/> Limited
11 50	11 50				<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.

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

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
	<u>Satisfactory</u>

HEALTH DEPARTMENT INSPECTOR [Signature] PHONE 352 334-7930
 COPY OF REPORT RECEIVED BY [Signature] DATE 12-5-16