

**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

AD

NAME OF ESTABLISHMENT One Room School House Perfect Circle
 ADDRESS 4180 NE 15 St. CITY GVL
 OWNER Neil Drake ZIP 32609
 PERSON IN CHARGE Mary Washington PHONE (352) 376-4014

RESULTS

Satisfactory
 Incomplete
 Unsatisfactory

Correct Violations by
 Next Inspection
 8:00 AM on:

DATE
00-00-00-00-05
00-00-00-00-06
00-00-00-00-07
00-00-00-00-08
00-00-00-00-09
00-00-00-00-10
00-00-00-00-11
00-00-00-00-12
00-00-00-00-13
00-00-00-00-14

OUT OF BUSINESS

BEGIN	END	DATE	POSITION #	CERTIFICATE NUMBER	TYPE
11:00	11:30	12-05-16	26869	01-48-00312	<input checked="" type="checkbox"/> School
00:00	00:00	00-00-00-00-05	00-00-00-00-00	00-00-00-00-00	<input type="checkbox"/> Hospital
00:05 AM	00:05 AM	00-00-00-00-06	00-00-00-00-00	00-00-00-00-00	<input type="checkbox"/> Nursing
00:10 PM	00:10 PM	00-00-00-00-07	00-00-00-00-00	00-00-00-00-00	<input type="checkbox"/> Detention
00:15	00:15	00-00-00-00-08	00-00-00-00-00	00-00-00-00-00	<input type="checkbox"/> Lounge
00:20	00:20	00-00-00-00-09	00-00-00-00-00	00-00-00-00-00	<input type="checkbox"/> Civic
00:25	00:25	00-00-00-00-10	00-00-00-00-00	00-00-00-00-00	<input type="checkbox"/> Movie
00:30	00:30	00-00-00-00-11	00-00-00-00-00	00-00-00-00-00	<input checked="" type="checkbox"/> School
00:35	00:35	00-00-00-00-12	00-00-00-00-00	00-00-00-00-00	<input type="checkbox"/> Residen.
00:40	00:40	00-00-00-00-13	00-00-00-00-00	00-00-00-00-00	<input type="checkbox"/> Child
00:45	00:45	00-00-00-00-14	00-00-00-00-00	00-00-00-00-00	<input type="checkbox"/> Limited
00:50	00:50				<input type="checkbox"/> Other
00:55	00:55				

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 | <input type="checkbox"/> 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"/> 39. Other facilities and operations |
| <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"/> TEMPORARY FOOD SERVICE EVENTS |
| <input type="checkbox"/> 4. Thawing | PERSONNEL | <input type="checkbox"/> 30. Methods of washing | <input type="checkbox"/> 40. Temporary food service events |
| <input type="checkbox"/> 5. Raw fruits | <input type="checkbox"/> 17. Exclusion of personnel | SANITARY FACILITIES AND CONTROLS | VENDING MACHINES |
| <input type="checkbox"/> 6. Pork cooking | <input type="checkbox"/> 18. Cleanliness | <input type="checkbox"/> 31. Water supply | <input type="checkbox"/> 41. Vending machines |
| <input type="checkbox"/> 7. Poultry cooking | <input type="checkbox"/> 19. Tobacco use | <input type="checkbox"/> 32. Ice | MANAGER CERTIFICATION |
| <input type="checkbox"/> 8. Other animal cooking | <input type="checkbox"/> 20. Handwashing | <input type="checkbox"/> 33. Sewage | <input type="checkbox"/> 42. Manager certification |
| <input type="checkbox"/> 9. Least contact/Reheating | <input type="checkbox"/> 21. Handling of dishware | <input type="checkbox"/> 34. Plumbing | CERTIFICATES AND FEES |
| <input type="checkbox"/> 10. Food container | EQUIPMENT/UTENSILS | <input type="checkbox"/> 35. Toilet facilities | <input type="checkbox"/> 43. Certificates and fees |
| <input type="checkbox"/> 11. Buffet requirements | <input type="checkbox"/> 22. Refrigeration facilities/Thermometers | <input type="checkbox"/> 36. Handwashing facilities | INSPECTION/ENFORCEMENT |
| <input type="checkbox"/> 12. Self-service condiments | <input type="checkbox"/> 23. Sinks | <input type="checkbox"/> 37. Garbage disposal | <input type="checkbox"/> 44. Inspection/Enforcement |
| <input type="checkbox"/> 13. Reservice of food | <input type="checkbox"/> 24. Ice storage/Counter-protector | <input type="checkbox"/> 38. Vermin control | |
| | <input type="checkbox"/> 25. Ventilation/Storage/Sufficient equipment | | |
| | <input type="checkbox"/> 26. Dishwashing facilities | | |

ITEM NUMBERS | **COMMENTS AND INSTRUCTIONS**
 (continue on attached sheet)

Satisfactory

HEALTH DEPARTMENT INSPECTOR: Amanda [Signature] PHONE: 352 334-7920
 COPY OF REPORT RECEIVED BY: [Signature] DATE: 12-5-16