

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: Martini Ranch Club
 ADDRESS: 20 NG 15 ST CITY: CL
 OWNER: SB ZIP: 330
 PERSON IN CHARGE: Rosana Hyl PHONE: 352 334 7930
 (new food menu)

RESULTS

Satisfactory
 Incomplete
 Unsatisfactory

Correct Violations by
 Next Inspection
 8:00 AM on:

DATE

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

OUT OF BUSINESS

BEGIN	END
1 00	1 00
2 05	2 05
3 10	3 10
4 15	4 15
5 20	5 20
6 25	6 25
7 30	7 30
8 35	8 35
9 40	9 40
10 45	10 45
11 50	11 50
12 55	12 55

DATE
04 10 17
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POSITION
16863
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CERTIFICATE NUMBER
01-48-09130
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TYPE
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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
- 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
- 40. Temporary food service events
- 41. Vending machines
- 42. Manager certification
- 43. Certificates and fees
- 44. Inspection/Enforcement

ITEM NUMBERS

COMMENTS AND INSTRUCTIONS
(continue on attached sheet)

#29 No previous violations. Permit is current.
 Dirty top of ice machine. To wipe clean.
 No food service time of inspection.

HEALTH DEPARTMENT INSPECTOR: [Signature]

COPY OF REPORT RECEIVED BY: [Signature]

PHONE: 352 334 7930

DATE: 4-10-17