

FOOD SERVICE FOOD SERVICE

STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT
 FOOD SERVICE



PURPOSE:

- | | |
|---|--|
| <input checked="" type="checkbox"/> ROUTINE | <input type="checkbox"/> REINSPECTION |
| <input type="checkbox"/> CONSTRUCT. | <input type="checkbox"/> CHANGE OF OWNER |
| <input type="checkbox"/> COMPLAINT | <input type="checkbox"/> CONSULTATION |
| <input type="checkbox"/> QA SURVEY | <input type="checkbox"/> EPIDEMIOLOGY |
| <input type="checkbox"/> OTHER | |

NAME OF ESTABLISHMENT <u>Carol City Elementary</u>	
ADDRESS <u>4375 NW 173 Drive</u>	CITY <u>Carol City</u>
OWNER <u>M-DCSB Food and Nutrition</u>	ZIP <u>33055</u>
PERSON IN CHARGE <u>Thalya Watkins</u>	PHONE _____

RESULTS		
<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Incomplete <input type="checkbox"/> Unsatisfactory		
Correct Violations by <input checked="" type="checkbox"/> Next Inspection <input type="checkbox"/> 8:00 AM on.		
<table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">DATE</td> </tr> <tr> <td style="height: 20px;"> </td> </tr> </table>	DATE	
DATE		
<input type="checkbox"/> OUT OF BUSINESS		

BEGIN	END	DATE	POSITION #	PERMIT NUMBER	TYPE
3:25 pm	4:00 pm	05/12/2017	047452	13-48-02199	<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 type="checkbox"/> School <input type="checkbox"/> Resident. <input type="checkbox"/> Child <input type="checkbox"/> Limited <input type="checkbox"/> Other

Items marked below are not in compliance with 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 of the Florida Administrative Code and Chapters 381 and 386 of the Florida Statutes. Violations must be corrected as indicated in the Results section above or an administrative fine or other legal action will be initiated.

- | | | | | |
|---|---|--|--|--|
| <p>FOOD SUPPLIES</p> <input type="checkbox"/> 1. Sources, etc. <p>FOOD PROTECTION</p> <input type="checkbox"/> 2. Stored temperature
<input type="checkbox"/> 3. No further cooking/Rapid coolin
<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 | <input type="checkbox"/> 14. Sneeze guards
<input type="checkbox"/> 15. Transportation of food
<input type="checkbox"/> 16. Poisonous/Toxic Materials | <p>PERSONNEL</p> <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> <input type="checkbox"/> 22. Refrigeration facilities/Thermomele
<input type="checkbox"/> 23. Sinks
<input type="checkbox"/> 24. Ice storage/Counter-protector
<input type="checkbox"/> 25. Ventilation/Storage/Sufficient equ
<input type="checkbox"/> 26. Dishwashing facilities | <input type="checkbox"/> 27. Design and fabrication
<input type="checkbox"/> 28. Installation and location
<input checked="" type="checkbox"/> 29. Cleanliness of equipme
<input type="checkbox"/> 30. Methods of washing <p>SANITARY FACILITIES AND CONTROLS</p> <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> <input type="checkbox"/> 39. Other facilities and operation <p>TEMPORARY FOOD SERVICE EVENTS</p> <input type="checkbox"/> 40. Temporary food service even <p>VENDING MACHINES</p> <input type="checkbox"/> 41. Vending machines <p>MANAGER CERTIFICATION</p> <input type="checkbox"/> 42. Manager certification <p>CERTIFICATES AND FEES</p> <input type="checkbox"/> 43. Certificates and fees <p>INSPECTION/ENFORCEMENT</p> <input type="checkbox"/> 44. Inspection/Enforcement |
|---|---|--|--|--|

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
--------------	---

See Comments on Next Page

HEALTH DEPARTMENT INSPECTOR: <u>Ella Thompson</u>	PHONE: <u>(305) 623-3500 EX.22822</u>
---	---------------------------------------

FOOD SERVICE FOOD SERVICE

STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT
FOOD SERVICE



PURPOSE:

- | | |
|---|--|
| <input checked="" type="checkbox"/> ROUTINE | <input type="checkbox"/> REINSPECTION |
| <input type="checkbox"/> CONSTRUCT. | <input type="checkbox"/> CHANGE OF OWNER |
| <input type="checkbox"/> COMPLAINT | <input type="checkbox"/> CONSULTATION |
| <input type="checkbox"/> QA SURVEY | <input type="checkbox"/> EPIDEMIOLOGY |
| <input type="checkbox"/> OTHER | |

COPY OF REPORT RECEIVED BY: Thalya Watkins DATE: 05/12/2017

Facility Name: **Carol City Elementary**

ITEM NUMBERS

COMMENTS AND INSTRUCTIONS

29. Cleanliness of equipment	Clean hood system; grille
------------------------------	---------------------------

Inspector Comments: