

**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 _____

ADDRESS _____ CITY _____

OWNER _____ ZIP _____

PERSON IN CHARGE _____ PHONE _____

RESULTS

- Satisfactory
- Incomplete
- Unsatisfactory
- Correct Violations by
- Next Inspection
- 8:00 AM on:

BEGIN	END	DATE	POSITION #	CERTIFICATE NUMBER	TYPE	DATE
<input type="checkbox"/> 00	<input type="checkbox"/> 00			- 4 8 -	<input type="checkbox"/> Hospital	<input type="checkbox"/> 00
<input type="checkbox"/> 05 AM	<input type="checkbox"/> 05 AM				<input type="checkbox"/> Nursing	<input type="checkbox"/> 01
<input type="checkbox"/> 10 PM	<input type="checkbox"/> 10 PM				<input type="checkbox"/> Detention	<input type="checkbox"/> 02
<input type="checkbox"/> 15	<input type="checkbox"/> 15				<input type="checkbox"/> Lounge	<input type="checkbox"/> 03
<input type="checkbox"/> 20	<input type="checkbox"/> 20				<input type="checkbox"/> Civic	<input type="checkbox"/> 04
<input type="checkbox"/> 25	<input type="checkbox"/> 25				<input type="checkbox"/> Movie	<input type="checkbox"/> 05
<input type="checkbox"/> 30	<input type="checkbox"/> 30				<input type="checkbox"/> School	<input type="checkbox"/> 06
<input type="checkbox"/> 35	<input type="checkbox"/> 35				<input type="checkbox"/> Residen.	<input type="checkbox"/> 07
<input type="checkbox"/> 40	<input type="checkbox"/> 40				<input type="checkbox"/> Child	<input type="checkbox"/> 08
<input type="checkbox"/> 45	<input type="checkbox"/> 45				<input type="checkbox"/> Limited	<input type="checkbox"/> 09
<input type="checkbox"/> 50	<input type="checkbox"/> 50				<input type="checkbox"/> Other	<input type="checkbox"/> 10
<input type="checkbox"/> 55	<input type="checkbox"/> 55				<input type="checkbox"/> OUT OF BUSINESS	<input type="checkbox"/> 11
						<input type="checkbox"/> 12
						<input type="checkbox"/> 13
						<input type="checkbox"/> 14

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.

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|--|---|--|
| <p>FOOD SUPPLIES</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1. Sources, etc. <p>FOOD PROTECTION</p> <ul style="list-style-type: none"> <input type="checkbox"/> 2. Stored temperature <input type="checkbox"/> 3. No further cooking/Rapid cooling <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 | <p><input type="checkbox"/> 14. Sneeze guards</p> <p><input type="checkbox"/> 15. Transportation of food</p> <p><input type="checkbox"/> 16. Poisonous/Toxic materials</p> <p>PERSONNEL</p> <ul style="list-style-type: none"> <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> <ul style="list-style-type: none"> <input type="checkbox"/> 22. Refrigeration facilities/Thermometers <input type="checkbox"/> 23. Sinks <input type="checkbox"/> 24. Ice storage/Counter-protector <input type="checkbox"/> 25. Ventilation/Storage/Sufficient equipment <input type="checkbox"/> 26. Dishwashing facilities | <p><input type="checkbox"/> 27. Design and fabrication</p> <p><input type="checkbox"/> 28. Installation and location</p> <p><input type="checkbox"/> 29. Cleanliness of equipment</p> <p><input type="checkbox"/> 30. Methods of washing</p> <p>SANITARY FACILITIES AND CONTROLS</p> <ul style="list-style-type: none"> <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> <ul style="list-style-type: none"> <input type="checkbox"/> 39. Other facilities and operations <p>TEMPORARY FOOD SERVICE EVENTS</p> <ul style="list-style-type: none"> <input type="checkbox"/> 40. Temporary food service events <p>VENDING MACHINES</p> <ul style="list-style-type: none"> <input type="checkbox"/> 41. Vending machines <p>MANAGER CERTIFICATION</p> <ul style="list-style-type: none"> <input type="checkbox"/> 42. Manager certification <p>CERTIFICATES AND FEES</p> <ul style="list-style-type: none"> <input type="checkbox"/> 43. Certificates and fees <p>INSPECTION/ENFORCEMENT</p> <ul style="list-style-type: none"> <input type="checkbox"/> 44. Inspection/Enforcement |
|--|---|--|

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)

HEALTH DEPARTMENT INSPECTOR: _____ PHONE: _____

COPY OF REPORT RECEIVED BY: _____ DATE: _____

