

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

NAME OF ESTABLISHMENT: FAVE, ADDRESS: 401 Baker Rd., CITY: SUARE, OWNER: MCSB, ZIP: 34994, PERSON IN CHARGE: JOANNA, PHONE: 29-1644

RESULTS

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

Table with columns BEGIN and END, showing time slots from 8:00 to 12:55.

Table with columns DATE and POSITION #, showing date 12/1/09 and position 84226.

Table with columns CERTIFICATE NUMBER and TYPE, showing certificate number 43-48-00097.

Table with columns TYPE, listing categories like Hospital, Nursing, Detention, Lounge, Civic, Movie, School, Residen., Child, Limited, Other.

Table with columns DATE, showing dates from 05 to 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.

Checklist of food service requirements including FOOD SUPPLIES, FOOD PROTECTION, PERSONNEL, EQUIPMENT/UTENSILS, SANITARY FACILITIES AND CONTROLS, OTHER FACILITIES AND OPERATIONS, TEMPORARY FOOD SERVICE EVENTS, VENDING MACHINES, MANAGER CERTIFICATION, CERTIFICATES AND FEES, INSPECTION/ENFORCEMENT.

ITEM NUMBERS and COMMENTS AND INSTRUCTIONS section with handwritten notes like 'WIC - 39°F', 'WIF - 20°F', 'hot water - 105°F', 'lead in - 38°', 'hot - 184'.

HEALTH DEPARTMENT INSPECTOR: [Signature], PHONE: 291-4095, COPY OF REPORT RECEIVED BY: [Signature], DATE: 12/1/09, DH Form 4023, 1/05 (Obsoletes Previous Editions), CHD/HEADQUARTERS