

**STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
COUNTY HEALTH DEPARTMENT**



*Sanitizer*  
Bucket - 200 ppm  
Spray - 200 ppm - 400 ppm

- PURPOSE:**
- ROUTINE
  - CONSTRUCT.
  - COMPLAINT
  - QA SURVEY
  - OTHER
  - REINSPECTION
  - CHANGE OF OWNER
  - CONSULTATION
  - OTHER

**FOOD SERVICE  
INSPECTION REPORT**

0.12 100

NAME OF ESTABLISHMENT Hobe Sound Elem School  
 ADDRESS 11555 SE Gomez Ave CITY HS  
 OWNER MCSB ZIP 33455  
 PERSON IN CHARGE Lisa Fountain PHONE 219-1540

**RESULTS**

Satisfactory  
 Incomplete  
 Unsatisfactory

Correct Violations by  
 Next Inspection  
 8:00 AM on:

DATE
0 0 0 0 0 0 5
0 0 0 0 0 0 6
2 2 2 2 0 7
3 3 3 3 0 8
4 4 4 4 0 9
5 5 5 5 0 10
6 6 6 6 0 11
7 7 7 7 0 12
8 8 8 8 0 13
9 9 9 9 0 14

OUT OF BUSINESS

BEGIN	END	DATE	POSITION #	CERTIFICATE NUMBER	TYPE
10 25 11 00	10 00	12 11 09	58549	43-48-00234	<input checked="" type="checkbox"/> School
00 00	00 00	00 00 00 00 05	00 00 00 00 00	00 00 00 00 00 00	<input type="checkbox"/> Hospital
02 05 AM	02 05 AM	00 00 00 00 06	00 00 00 00 00	00 00 00 00 00 00	<input type="checkbox"/> Nursing
03 10 PM	03 10 PM	00 00 00 00 07	00 00 00 00 00	00 00 00 00 00 00	<input type="checkbox"/> Detention
04 15	04 15	02 02 02 00 08	02 02 02 02 00	02 02 02 02 02 02	<input type="checkbox"/> Lounge
05 20	05 20	03 03 03 00 09	03 03 03 03 00	03 03 03 03 03 03	<input type="checkbox"/> Civic
06 25	06 25	04 04 04 00 10	04 04 04 04 00	04 04 04 04 04 04	<input type="checkbox"/> Movie
07 30	07 30	05 05 05 00 11	05 05 05 05 00	05 05 05 05 05 05	<input checked="" type="checkbox"/> School
08 35	08 35	06 06 06 00 12	06 06 06 06 00	06 06 06 06 06 06	<input type="checkbox"/> Residen.
09 40	09 40	07 07 07 00 13	07 07 07 07 00	07 07 07 07 07 07	<input type="checkbox"/> Child
10 45	10 45	08 08 08 00 14	08 08 08 08 00	08 08 08 08 08 08	<input type="checkbox"/> Limited
11 50	11 50	09 09 09 00 14	09 09 09 09 00	09 09 09 09 09 09	<input type="checkbox"/> Other
12 55	12 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.

- |  |   |  |  |
|--|---|--|--|
| <b>FOOD SUPPLIES</b>   | <input type="checkbox"/> 14. Sneeze guards ✓                            | <input type="checkbox"/> 27. Design and fabrication ✓    | <b>OTHER FACILITIES AND OPERATIONS</b>                         |
| <input type="checkbox"/> 1. Sources, etc. ✓                    | <input type="checkbox"/> 15. Transportation of food ✓                   | <input type="checkbox"/> 28. Installation and location ✓ | <input type="checkbox"/> 39. Other facilities and operations ✓ |
| <b>FOOD PROTECTION</b>   | <input type="checkbox"/> 16. Poisonous/Toxic materials ✓                | <input type="checkbox"/> 29. Cleanliness of equipment ✓  | <b>TEMPORARY FOOD SERVICE EVENTS</b>                           |
| <input type="checkbox"/> 2. Stored temperature ✓               | <b>PERSONNEL</b>  | <input type="checkbox"/> 30. Methods of washing ✓        | <input type="checkbox"/> 40. Temporary food service events N/A |
| <input type="checkbox"/> 3. No further cooking/Rapid cooling ✓ | <input type="checkbox"/> 17. Exclusion of personnel ✓                   | <b>SANITARY FACILITIES AND CONTROLS</b>                  | <b>VENDING MACHINES</b>  |
| <input type="checkbox"/> 4. Thawing ✓                          | <input type="checkbox"/> 18. Cleanliness ✓                              | <input type="checkbox"/> 31. Water supply ✓              | <input type="checkbox"/> 41. Vending machines N/A              |
| <input type="checkbox"/> 5. Raw fruits ✓                       | <input type="checkbox"/> 19. Tobacco use ✓                              | <input type="checkbox"/> 32. Ice ✓                       | <b>MANAGER CERTIFICATION</b>                                   |
| <input type="checkbox"/> 6. Pork cooking ✓                     | <input type="checkbox"/> 20. Handwashing ✓                              | <input type="checkbox"/> 33. Sewage ✓                    | <input type="checkbox"/> 42. Manager certification exempt      |
| <input type="checkbox"/> 7. Poultry cooking ✓                  | <input type="checkbox"/> 21. Handling of dishware ✓                     | <input type="checkbox"/> 34. Plumbing ✓                  | <b>CERTIFICATES AND FEES</b>                                   |
| <input type="checkbox"/> 8. Other animal cooking ✓             | <b>EQUIPMENT/UTENSILS</b>   | <input type="checkbox"/> 35. Toilet facilities ✓         | <input type="checkbox"/> 43. Certificates and fees ✓           |
| <input type="checkbox"/> 9. Least contact/Reheating ✓          | <input type="checkbox"/> 22. Refrigeration facilities/Thermometers ✓    | <input type="checkbox"/> 36. Handwashing facilities ✓    | <b>INSPECTION/ENFORCEMENT</b>                                  |
| <input type="checkbox"/> 10. Food container ✓                  | <input type="checkbox"/> 23. Sinks ✓                                    | <input type="checkbox"/> 37. Garbage disposal ✓          | <input type="checkbox"/> 44. Inspection/Enforcement            |
| <input type="checkbox"/> 11. Buffet requirements ✓             | <input type="checkbox"/> 24. Ice storage/Counter-protector ✓            | <input type="checkbox"/> 38. Vermin control ✓            |  |
| <input type="checkbox"/> 12. Self-service condiments ✓         | <input type="checkbox"/> 25. Ventilation/Storage/Sufficient equipment ✓ |  |  |
| <input type="checkbox"/> 13. Reservice of food ✓               | <input type="checkbox"/> 26. Dishwashing facilities ✓                   |  |  |

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
WI-1, 30 RI-34, 194	170/190 H <sub>2</sub> O-10C corn dogs-159-Hot holding MILK-30
	- No food line at time of inspection. Getting ready to put food out for lunch.
	- Thermometer for kitchen being calibrated at time of inspection
	- Satisfactory

HEALTH DEPARTMENT INSPECTOR: [Signature] PHONE: 221-4090  
 COPY OF REPORT RECEIVED BY: [Signature] DATE: 12/11/09