

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

RESULTS

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

NAME OF ESTABLISHMENT MC HS - main kitchen ADDRESS 2801 Kanner Hwy CITY SUWAY OWNER MCSB ZIP 34984 PERSON IN CHARGE Mag Hernandez PHONE 219-1800 JOANAE Powell - Kitchen Manager

Table with columns: BEGIN, END, DATE, POSITION #, CERTIFICATE NUMBER, TYPE. Includes handwritten date 12/29/09 and certificate number 8422043-48-00279.

Table with column: DATE. Grid for selecting a date, with 12/29/09 selected.

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.

- FOOD SUPPLIES, FOOD PROTECTION, PERSONNEL, EQUIPMENT/UTENSILS, OTHER FACILITIES AND OPERATIONS, TEMPORARY FOOD SERVICE EVENTS, VENDING MACHINES, MANAGER CERTIFICATION, CERTIFICATES AND FEES, INSPECTION/ENFORCEMENT

ITEM NUMBERS (-9) COMMENTS AND INSTRUCTIONS (continue on attached sheet) WIF STILL ice build up @ door Needs sweep still in between doors Still need ice scoop holder.

HEALTH DEPARTMENT INSPECTOR: [Signature] PHONE: 221-4090 COPY OF REPORT RECEIVED BY: [Signature] DATE: 12/9/09