

STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
COUNTY HEALTH DEPARTMENT

4X



PURPOSE:

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

FOOD SERVICE  
INSPECTION REPORT

NAME OF ESTABLISHMENT S. Fork HS Cafeteria  
 ADDRESS 10205 SW Pratt + Whitney Rd CITY St  
 OWNER MCSB ZIP 34997  
 PERSON IN CHARGE PJ Schaff PHONE 919-1840

RESULTS

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

BEGIN/END

10:45/11:15

11:00	11:00
11:05	11:05
11:10	11:10
11:15	11:15
11:20	11:20
11:25	11:25
11:30	11:30
11:35	11:35
11:40	11:40
11:45	11:45
11:50	11:50
11:55	11:55

DATE
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POSITION
41877
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CERTIFICATE NUMBER
43-48-00013
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TYPE
<input type="checkbox"/> Hospital
<input type="checkbox"/> Nursing
<input type="checkbox"/> Detention
<input type="checkbox"/> Lounge
<input type="checkbox"/> Clinic
<input type="checkbox"/> Movie
<input checked="" type="checkbox"/> School
<input type="checkbox"/> Residen.
<input type="checkbox"/> Child
<input type="checkbox"/> Limited
<input type="checkbox"/> Other

DATE
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OUT OF BUSINESS

The establishment must comply with the requirements of Chapter 64B-11 of the Florida Administrative Code and must be corrected. Correction of this failure will be required if these conditions constitute a violation of Chapter 64B-11, Florida Administrative Code and Chapter 382 and 386, Florida Statutes. Violations not corrected by the date of the inspection will be reported to the Results section above or an administrative action or other legal action will be taken.

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

*No dishwasher*

ITEM NUMBERS      COMMENTS AND INSTRUCTIONS (continue on attached sheet)

② Wrapped Ch. Burgers not held at 140 or greater - Suggest prewarming buns - & smaller units for holding. Sinks not @ 41° or less - short staffed - normally would chill in Fz.

Satisfactory at time of inspection

HEALTH DEPARTMENT INSPECTOR: A. Dewald PHONE: 821-4090  
 COPY OF REPORT RECEIVED BY: PJ Schaff DATE: 11-24-09

DH Form 4023, 1/06 (Obsoletes Previous Editions)



STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
COUNTY PUBLIC HEALTH UNIT

Toilet Seat hose  
Label Defect

Date 11-24-09

Identification No. 43-48-00013

So Fresh Cafeteria

Comments and Instructions (Continued from Page 1):

Hot Hold 164	Rice 195	Vending 37
	Chicken 161	Milk 12/1 41°
174	Hamb. Patties 173	Vending 37
	Mix. Veggies 160	Sub 45/4 92*
168	Rice Bowl 158	Vending 37 Sub 46*
Walk In Fz - 0 -	Ice - drip on Food Boxes -	
WI Ref. 35	54 subs *	Ch 54
	4/1 sl ham	Hot Ch 38

Snail 8/09

San Buckets	200-400	Just Am. ✓✓✓
Bump	300-400	Spray 200-400
On line	Rice Bowl 174	172
milk 12/7/09 38°	Ch B - 123	125 (X)
	Pizza 182	Snack Shack
Hot Hold 176	Pizza 178	Sub 48°
	Rice Bowl 158	s/w 52 Milk 40 11/30

1 gauge out. - top (X)

Bread 75 - Cheese 54

Copy of Report Received by ✓

Inspector [Signature]

(See drop sheet Pg 1 for rim Page 2)