

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



**PURPOSE:**

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

**FOOD SERVICE  
INSPECTION REPORT**

NAME OF ESTABLISHMENT Mc School Warehouse  
 ADDRESS 2845 Dixie Hwy CITY STUART  
 OWNER MCSB ZIP 34994  
 PERSON IN CHARGE VONDA PHONE 219-1255

**RESULTS**

Satisfactory  
 Incomplete  
 Unsatisfactory

Correct Violations by  
 Next Inspection  
 8:00 AM on:

DATE	TIME
01-00	01-00
01-01	01-01
01-02	01-02
01-03	01-03
01-04	01-04
01-05	01-05
01-06	01-06
01-07	01-07
01-08	01-08
01-09	01-09
01-10	01-10
01-11	01-11
01-12	01-12
01-13	01-13
01-14	01-14

OUT OF BUSINESS

BEGIN	END	DATE	POSITION	CERTIFICATE NUMBER	TYPE
1:30	1:45	09-22-09	84220	43-48-00083	Hospital
2:05 AM	2:05 AM	01-01-05	01-01-01	01-01-01	Nursing
3:10 PM	3:10 PM	01-01-06	01-01-01	01-01-01	Detention
4:15	4:15	01-01-07	01-01-01	01-01-01	Lounges
5:20	5:20	01-01-08	01-01-01	01-01-01	Civil
6:25	6:25	01-01-09	01-01-01	01-01-01	Movie
7:30	7:30	01-01-10	01-01-01	01-01-01	School
8:35	8:35	01-01-11	01-01-01	01-01-01	Residen.
9:40	9:40	01-01-12	01-01-01	01-01-01	Child
10:45	10:45	01-01-13	01-01-01	01-01-01	Limited
11:50	11:50	01-01-14	01-01-01	01-01-01	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 Chapter 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.**

<input type="checkbox"/> 1. Sources, etc.	<input type="checkbox"/> 14. Sneeze guards	<input type="checkbox"/> 27. Design and fabrication	<input type="checkbox"/> 39. Other facilities and operations
<input type="checkbox"/> 2. Stored temperature	<input type="checkbox"/> 15. Transportation of food	<input type="checkbox"/> 28. Installation and location	<input type="checkbox"/> 40. Temporary food service events
<input type="checkbox"/> 3. No further cooking/Rapid-cooling	<input type="checkbox"/> 16. Poisonous/Toxic materials	<input type="checkbox"/> 29. Cleanliness of equipment	<input type="checkbox"/> 41. Vending machines
<input type="checkbox"/> 4. Thawing	<input type="checkbox"/> 17. Exclusion of personnel	<input type="checkbox"/> 30. Methods of washing	<input type="checkbox"/> 42. Manager certification
<input type="checkbox"/> 5. Raw fruits	<input type="checkbox"/> 18. Cleanliness	<input type="checkbox"/> 31. Sanitary facilities and controls	<input type="checkbox"/> 43. Certificates and fees
<input type="checkbox"/> 6. Pork cooking	<input type="checkbox"/> 19. Tobacco use	<input type="checkbox"/> 32. Water supply	<input type="checkbox"/> 44. Inspection/enforcement
<input type="checkbox"/> 7. Poultry cooking	<input type="checkbox"/> 20. Handwashing	<input type="checkbox"/> 33. Ice	
<input type="checkbox"/> 8. Other animal cooking	<input type="checkbox"/> 21. Handling of dishware	<input type="checkbox"/> 34. Sewage	
<input type="checkbox"/> 9. Least contact/Reheating	<input type="checkbox"/> 22. Refrigeration facilities/Thermometers	<input type="checkbox"/> 35. Plumbing	
<input type="checkbox"/> 10. Food containers	<input type="checkbox"/> 23. Sinks	<input type="checkbox"/> 36. Toilet facilities	
<input type="checkbox"/> 11. Buffet requirements	<input type="checkbox"/> 24. Ice storage/Counter protector	<input type="checkbox"/> 37. Handwashing facilities	
<input type="checkbox"/> 12. Self-service condiments	<input type="checkbox"/> 25. Ventilation/Storage/Sufficient equipment	<input type="checkbox"/> 38. Garbage disposal	
<input type="checkbox"/> 13. Reservice of food	<input type="checkbox"/> 26. Dishwashing facilities	<input type="checkbox"/> 39. Vermitt control	

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
	WIC - 34°F.
	WIF - 5°F.
	dry storage - 74°F.
	No violations observed
	time of inspection

HEALTH DEPARTMENT INSPECTOR: Ronald Stauder PHONE: 221-9080  
 COPY OF REPORT RECEIVED BY: Ronald Stauder DATE: 9/20/09