

**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**

160°F 71°C

Anual 6/08

NAME OF ESTABLISHMENT Sea Wind Elem School
 ADDRESS 3700 SE Sea Branch Blvd CITY HS
 OWNER MCSB ZIP 33455
 PERSON IN CHARGE Lornie Divaldo PHONE 219-1625

RESULTS

Satisfactory
 Incomplete
 Unsatisfactory

Correct Violations by
 Next Inspection
 8:00 AM on:

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

OUT OF BUSINESS

BEGIN	END	DATE	POSITION #	CERTIFICATE NUMBER	TYPE
11:15	11:55	11/18/08	41877	43-48-00102	<input checked="" type="checkbox"/> School
00:00	00:00	19			<input type="checkbox"/> Hospital
01:05 AM	02:05 AM				<input type="checkbox"/> Nursing
03:10 PM	03:10 PM				<input type="checkbox"/> Detention
04:15	04:15				<input type="checkbox"/> Lounge
05:20	05:20				<input type="checkbox"/> Civic
06:25	06:25				<input type="checkbox"/> Movie
07:30	07:30				<input type="checkbox"/> Resident
08:35	08:35				<input type="checkbox"/> Child
09:40	09:40				<input type="checkbox"/> Limited
10:45	10:45				<input type="checkbox"/> Other
11:50	11:50				
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.

<input type="checkbox"/> 1. Sources, etc.	<input type="checkbox"/> 14. Sneeze guards	<input type="checkbox"/> 27. Design and fabrication	<input type="checkbox"/> 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"/> 39. Other facilities and operations
<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"/> TEMPORARY FOOD SERVICE EVENTS
<input type="checkbox"/> 4. Thawing	<input type="checkbox"/> 17. Exclusion of personnel	<input type="checkbox"/> 30. Methods of washing	<input type="checkbox"/> 40. Temporary food service events
<input type="checkbox"/> 5. Raw fruits	<input type="checkbox"/> 18. Cleanliness	<input type="checkbox"/> 31. Water supply	<input type="checkbox"/> VENDING MACHINES
<input type="checkbox"/> 6. Pork cooking	<input type="checkbox"/> 19. Tobacco use	<input type="checkbox"/> 32. Ice	<input type="checkbox"/> 41. Vending machines <i>NA</i>
<input type="checkbox"/> 7. Poultry cooking	<input type="checkbox"/> 20. Handwashing	<input type="checkbox"/> 33. Sewage	<input type="checkbox"/> MANAGER CERTIFICATION
<input type="checkbox"/> 8. Other animal cooking	<input type="checkbox"/> 21. Handling of dishware	<input type="checkbox"/> 34. Plumbing	<input type="checkbox"/> 42. Manager certification <i>exempt</i>
<input type="checkbox"/> 9. Least contact/Reheating	<input type="checkbox"/> 22. Refrigeration facilities/Thermometers	<input type="checkbox"/> 35. Toilet facilities	<input type="checkbox"/> CERTIFICATES AND FEES
<input type="checkbox"/> 10. Food container	<input type="checkbox"/> 23. Sinks	<input type="checkbox"/> 36. Handwashing facilities	<input type="checkbox"/> 43. Certificates and fees
<input type="checkbox"/> 11. Buffet requirements	<input checked="" type="checkbox"/> 24. Ice storage/Counter-protector	<input type="checkbox"/> 37. Garbage disposal	<input type="checkbox"/> INSPECTION/ENFORCEMENT
<input type="checkbox"/> 12. Self-service condiments	<input type="checkbox"/> 25. Ventilation/Storage/Sufficient equipment	<input type="checkbox"/> 38. Vermin control	<input type="checkbox"/> 44. Inspection/Enforcement
<input type="checkbox"/> 13. Reservice of food	<input type="checkbox"/> 26. Dishwashing facilities		

ITEM NUMBERS San Bucket 200-400 pm COMMENTS AND INSTRUCTIONS Man + Ch 180 Ch Sal 4/
WI-38 - #39; SW 44; F2-2 Spraybot 400 H/C SW 44/47
 @ Some sandwiches on line & in WI not @ 41° or less - next @ 39°
 Chef/Deli salad now at 41° - good improvement. 😊

Satisfactory at time of inspection
 HEALTH DEPARTMENT INSPECTOR: M.A. Dewald PHONE: 221-4090
 COPY OF REPORT RECEIVED BY: [Signature] DATE: 11-18-08

DH Form 4023, 1/05 (Obsoletes Previous Editions)