

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



PURPOSE:

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

**FOOD SERVICE
INSPECTION REPORT**

0.12.09

Annual 12/08

NAME OF ESTABLISHMENT Crystal Lake Elem School

ADDRESS 2095 SW 96th Ave. CITY ST

OWNER MCSB ZIP 34997

PERSON IN CHARGE Linda Becraft PHONE 219-1533

RESULTS

Satisfactory
 Incomplete
 Unsatisfactory

Correct Violations by
 Next Inspection
 8:00 AM on:

DATE	
0	05
0	06
2	07
3	08
4	09
5	10
6	11
7	12
8	13
9	14

OUT OF BUSINESS

BEGIN	END	DATE	POSITION #	CERTIFICATE NUMBER	TYPE
1215	1255	05/19/09	41877	43-48-00041	School
<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> Hospital
<input type="checkbox"/> 05 AM	<input type="checkbox"/> 05 AM	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> Nursing
<input type="checkbox"/> 10 AM	<input type="checkbox"/> 10 AM	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> Detention
<input type="checkbox"/> 15	<input type="checkbox"/> 15	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> Lounge
<input type="checkbox"/> 20	<input type="checkbox"/> 20	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> Civic
<input type="checkbox"/> 25	<input type="checkbox"/> 25	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> Movie
<input type="checkbox"/> 30	<input type="checkbox"/> 30	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input checked="" type="checkbox"/> School
<input type="checkbox"/> 35	<input type="checkbox"/> 35	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> Residen.
<input type="checkbox"/> 40	<input type="checkbox"/> 40	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> Child
<input type="checkbox"/> 45	<input type="checkbox"/> 45	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> Limited
<input type="checkbox"/> 50	<input type="checkbox"/> 50	<input type="checkbox"/> 14	<input type="checkbox"/> 14	<input type="checkbox"/> 14	<input type="checkbox"/> Other
<input type="checkbox"/> 55	<input type="checkbox"/> 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.

FOOD SUPPLIES	<input checked="" type="checkbox"/> 1. Sources, etc.	<input checked="" type="checkbox"/> 14. Sneeze guards	<input checked="" type="checkbox"/> 27. Design and fabrication	OTHER FACILITIES AND OPERATIONS
FOOD PROTECTION	<input checked="" type="checkbox"/> 2. Stored temperature	<input checked="" type="checkbox"/> 15. Transportation of food	<input checked="" type="checkbox"/> 28. Installation and location	<input checked="" type="checkbox"/> 39. Other facilities and operations
	<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	TEMPORARY FOOD SERVICE EVENTS
	<input checked="" type="checkbox"/> 4. Thawing	PERSONNEL	<input checked="" type="checkbox"/> 30. Methods of washing	<input type="checkbox"/> 40. Temporary food service events
	<input checked="" type="checkbox"/> 5. Raw fruits	<input checked="" type="checkbox"/> 17. Exclusion of personnel	SANITARY FACILITIES AND CONTROLS	VENDING MACHINES
	<input checked="" type="checkbox"/> 6. Pork cooking	<input checked="" type="checkbox"/> 18. Cleanliness	<input checked="" type="checkbox"/> 31. Water supply	<input type="checkbox"/> 41. Vending machines
	<input checked="" type="checkbox"/> 7. Poultry cooking	<input checked="" type="checkbox"/> 19. Tobacco use	<input checked="" type="checkbox"/> 32. Ice	MANAGER CERTIFICATION
	<input checked="" type="checkbox"/> 8. Other animal cooking	<input checked="" type="checkbox"/> 20. Handwashing	<input checked="" type="checkbox"/> 33. Sewage	<input checked="" type="checkbox"/> 42. Manager certification
	<input checked="" type="checkbox"/> 9. Least contact/Reheating	<input checked="" type="checkbox"/> 21. Handling of dishware	<input checked="" type="checkbox"/> 34. Plumbing	CERTIFICATES AND FEES
	<input checked="" type="checkbox"/> 10. Food container	EQUIPMENT/UTENSILS	<input checked="" type="checkbox"/> 35. Toilet facilities	<input checked="" type="checkbox"/> 43. Certificates and fees
	<input checked="" type="checkbox"/> 11. Buffet requirements	<input checked="" type="checkbox"/> 22. Refrigeration facilities/Thermometers	<input checked="" type="checkbox"/> 36. Handwashing facilities	INSPECTION/ENFORCEMENT
	<input checked="" type="checkbox"/> 12. Self-service condiments	<input checked="" type="checkbox"/> 23. Sinks	<input checked="" type="checkbox"/> 37. Garbage disposal	<input checked="" type="checkbox"/> 44. Inspection/Enforcement
	<input checked="" type="checkbox"/> 13. Reservice of food	<input checked="" type="checkbox"/> 24. Ice storage/Counter-protector	<input checked="" type="checkbox"/> 38. Vermin control	
		<input checked="" type="checkbox"/> 25. Ventilation/Storage/Sufficient equipment		
		<input checked="" type="checkbox"/> 26. Dishwashing facilities		

ITEM NUMBERS Hot Dogs 149 COMMENTS AND INSTRUCTIONS WI 0/ Ice

Milk 39 5/30 42/ On 38°

Lunch completed - Clean-up in Process

26 Check Wash Pres. Gauge seems high; Pres. Gauge broken - Repeat

Item 2 was addressed - Will Check again at next insp.

HEALTH DEPARTMENT INSPECTOR: [Signature] PHONE: 221-4090

COPY OF REPORT RECEIVED BY: [Signature] DATE: 5-19-09