

**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**

Annual Dec 2008

160°F 71°C

NAME OF ESTABLISHMENT Bessey Creek Elem
 ADDRESS 2201 SW Matheson Ave CITY PC
 OWNER MCSB ZIP 34990
 PERSON IN CHARGE Sandra Fernandez PHONE 219-1500

RESULTS

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

BEGIN	END
9:00	9:50
10:00	10:00
10:05 AM	10:05 AM
10:10 PM	10:10 PM
10:15	10:15
10:20	10:20
10:25	10:25
10:30	10:30
10:35	10:35
10:40	10:40
10:45	10:45
10:50	10:50
10:55	10:55

DATE
05 21 09
0 0 0 0 0 0 0 5
0 1 1 1 0 6
0 2 2 2 0 7
0 3 3 3 0 8
0 4 4 4 0 9
0 5 5 5 0 10
0 6 6 6 0 11
0 7 7 7 0 12
0 8 8 8 0 13
0 9 9 9 0 14

POSITION #
4 1 8 7 7
0 0 0 0 0 0
0 1 1 1 1 1
0 2 2 2 2 2
0 3 3 3 3 3
0 4 4 4 4 4
0 5 5 5 5 5
0 6 6 6 6 6
0 7 7 7 7 7
0 8 8 8 8 8
0 9 9 9 9 9

CERTIFICATE NUMBER
4 3 - 4 8 - 0 0 1 1 7
0 0 0 0 0 0 0 0
0 1 1 1 1 1 1 1
0 2 2 2 2 2 2 2
0 3 3 3 3 3 3 3
0 4 4 4 4 4 4 4
0 5 5 5 5 5 5 5
0 6 6 6 6 6 6 6
0 7 7 7 7 7 7 7
0 8 8 8 8 8 8 8
0 9 9 9 9 9 9 9

TYPE
<input type="checkbox"/> Hospital
<input type="checkbox"/> Nursing
<input type="checkbox"/> Detention
<input type="checkbox"/> Lounge
<input type="checkbox"/> Civic
<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
0 0 0 0 0 0 0 5
0 1 1 1 0 6
0 2 2 2 0 7
0 3 3 3 0 8
0 4 4 4 0 9
0 5 5 5 0 10
0 6 6 6 0 11
0 7 7 7 0 12
0 8 8 8 0 13
0 9 9 9 0 14

OUT OF BUSINESS

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

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
Hot Hold 17/1 Not Day 176/RAHS	160/190 Pa. 20. W.I 40. Hot Day 37
10	No food on line - Lunch in Prep + in Holding Units - Discussed dating requirements for Ready To Eat / Pot Haz. Foods - Inspector will work c Rae Hollenbeck to improve dating system.
35	Vent in Empl. Bathroom not functioning properly - This is required.

HEALTH DEPARTMENT INSPECTOR: M A Dewald PHONE: 221-4090
 COPY OF REPORT RECEIVED BY: Sandy Fernandez DATE: 5-21-09

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