

Online 1100 150 177 milk 37
 BBQ 190 165 156 6/2
 Pat Bowl 149
 Ch B/110 134 134

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 Hidden Dales Middle School - Cafeteria
 ADDRESS 2801 SW Martin Hwy CITY PL
 OWNER MCSB ZIP 34990
 PERSON IN CHARGE Melissa Franklin PHONE 219-0067

RESULTS

Satisfactory
 Incomplete
 Unsatisfactory

Correct Violations by
 Next Inspection
 8:00 AM on:

DATE
05 21 09
05 22 09
05 23 09
05 24 09
05 25 09
05 26 09
05 27 09
05 28 09
05 29 09
05 30 09
05 31 09
06 01 09
06 02 09
06 03 09
06 04 09
06 05 09
06 06 09
06 07 09
06 08 09
06 09 09
06 10 09
06 11 09
06 12 09
06 13 09
06 14 09

OUT OF BUSINESS

BEGIN	END	DATE	POSITION #	CERTIFICATE NUMBER	TYPE
11:15	12:10	05 21 09	41837	43-48-00067	<input checked="" type="checkbox"/> School
00:00	00:00	00 00 00	00 00 00	00 00 00	<input type="checkbox"/> Hospital
01:05 AM	02:05 AM	00 00 00	00 00 00	00 00 00	<input type="checkbox"/> Nursing
03:10 PM	03:10 PM	00 00 00	00 00 00	00 00 00	<input type="checkbox"/> Detention
04:15	04:15	00 00 00	00 00 00	00 00 00	<input type="checkbox"/> Lounge
05:20	05:20	00 00 00	00 00 00	00 00 00	<input type="checkbox"/> Civic
06:25	06:25	00 00 00	00 00 00	00 00 00	<input type="checkbox"/> Movie
07:30	07:30	00 00 00	00 00 00	00 00 00	<input type="checkbox"/> Residen.
08:35	08:35	00 00 00	00 00 00	00 00 00	<input type="checkbox"/> Child
09:40	09:40	00 00 00	00 00 00	00 00 00	<input type="checkbox"/> Limited
10:45	10:45	00 00 00	00 00 00	00 00 00	<input type="checkbox"/> Other
11:50	11:50	00 00 00	00 00 00	00 00 00	
12:55	12:55	00 00 00	00 00 00	00 00 00	

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

ITEM NUMBERS WI 35/10 COMMENTS AND INSTRUCTIONS Spray Quat 200-400
met 39 Bucket
 (continue on attached sheet)

Note: Informed about revision to food code requiring Vend. Mach to have permit.
 2 Hamburgers not held at 140 degrees - discussed solutions
 10 Inspector working c R Hollenbeck of Fd Sew. Re. dating Pot Hag / RTE - frozen/thawed dating system

Note: Cold Wraps/Subs - temp good today - New procedure works !!

HEALTH DEPARTMENT INSPECTOR: MA Donald PHONE: 221-4090
 COPY OF REPORT RECEIVED BY: Melissa Franklin DATE: 5-21-09

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