

**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 Felix Williams Elementary School
 ADDRESS 401 Baker Rd. CITY STUART
 OWNER MCSB ZIP 34984
 PERSON IN CHARGE Joanne Bianchi PHONE 219-1644

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
10-00	1030	05 26 09	54226	43-48-00097	<input checked="" type="checkbox"/> School
00-00	00-00	00-00-00-05	00-00-00-00	00-00-00-00-00	<input type="checkbox"/> Hospital
01-05 AM	02-05 AM	01-01-01-06	01-01-01-01	01-01-01-01-01	<input type="checkbox"/> Nursing
03-10 PM	03-10 PM	02-02-02-07	02-02-02-02	02-02-02-02-02	<input type="checkbox"/> Detention
04-15	04-15	03-03-03-08	03-03-03-03	03-03-03-03-03	<input type="checkbox"/> Lounge
05-20	05-20	04-04-04-09	04-04-04-04	04-04-04-04-04	<input type="checkbox"/> Civic
06-25	06-25	05-05-05-10	05-05-05-05	05-05-05-05-05	<input type="checkbox"/> Movie
07-30	07-30	06-06-06-11	06-06-06-06	06-06-06-06-06	<input type="checkbox"/> Residen.
08-35	08-35	07-07-07-12	07-07-07-07	07-07-07-07-07	<input type="checkbox"/> Child
09-40	09-40	08-08-08-13	08-08-08-08	08-08-08-08-08	<input type="checkbox"/> Limited
10-45	10-45	09-09-09-14	09-09-09-09	09-09-09-09-09	<input type="checkbox"/> Other

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 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 WIC - 36°F
WIF - 20°F

COMMENTS AND INSTRUCTIONS
(continue on attached sheet)

Milk exp. 6-2-09 - 36°F

Chicken popcorn 140°F
150°F - baked potato then meat
153°F & cheese.

Sanitizers - 100 - 200 ppm

HEALTH DEPARTMENT INSPECTOR: Joanne A. Bianchi PHONE 221-4090
 COPY OF REPORT RECEIVED BY: Joanne A. Bianchi DATE: 5/26/09

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

CHD/HEADQUARTERS