

STATE OF FLORIDA DEPARTMENT OF HEALTH COUNTY HEALTH DEPARTMENT FOOD SERVICE INSPECTION REPORT

PURPOSE:

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

Hot Hold 174 P+160

180

WI 0/38 Annual 12/08

Cold Hold 40

Turkey 37 Ch. Nugget 38

49 B Saus. 90 Wrap 41

34 ch on salad 41



NAME OF ESTABLISHMENT Anderson Middle School ADDRESS 7000 SW Atlantic Ridge Blvd CITY St OWNER MCS B ZIP 34997 PERSON IN CHARGE Delva Rothgeb PHONE 221-7125

RESULTS

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

Table with columns BEGIN and END showing time intervals from 9:10 to 12:55.

Table with columns DATE and POSITION # showing date 01/22/09 and position 41877.

Table with columns CERTIFICATE NUMBER and TYPE showing certificate number 43-48-00247 and type School.

- Types of facilities: Hospital, Nursing, Detention, Lounge, Civic, Movie, School, Residen., Child, Limited, Other.

Table with columns DATE and OUT OF BUSINESS showing date 01/22/09 and status OUT OF BUSINESS.

Items marked below violate the requirements of Chapter 64E-11 of the Florida Administrative Code and must be corrected.

- FOOD SUPPLIES, FOOD PROTECTION, PERSONNEL, EQUIPMENT/UTENSILS, SANITARY FACILITIES AND CONTROLS, OTHER FACILITIES AND OPERATIONS, TEMPORARY FOOD SERVICE EVENTS, VENDING MACHINES, MANAGER CERTIFICATION, CERTIFICATES AND FEES, INSPECTION/ENFORCEMENT.

ITEM NUMBERS COMMENTS AND INSTRUCTIONS (continue on attached sheet) No food on line at time of inspection - lunch being prepared - satisfactory at time of inspection all food held at correct temps -

HEALTH DEPARTMENT INSPECTOR: [Signature] PHONE: 221-4090 COPY OF REPORT RECEIVED BY: [Signature] DATE: 1-22-09