

**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**

NAME OF ESTABLISHMENT Challenger School
 ADDRESS 5150 SE Willoughby Blvd. CITY St
 OWNER MCSB ZIP 34997
 PERSON IN CHARGE Cassandra Jackson PHONE 219-1599

BEGIN	END
12:00	12:30
1:00	1:00
2:05 AM	2:05 AM
3:10 PM	3:10 PM
4:15	4:15
5:20	5:20
6:25	6:25
7:30	7:30
8:35	8:35
9:40	9:40
10:45	10:45
11:50	11:50
12:55	12:55

Latisha Houston

DATE	POSITION #
01/15/09	41877
0-0-0-0-0-05	0-0-0-0-0-0
1-1-1-1-1-06	1-1-1-1-1-0
2-2-2-2-2-07	2-2-2-2-2-0
3-3-3-3-3-08	3-3-3-3-3-0
4-4-4-4-4-09	4-4-4-4-4-0
5-5-5-5-5-10	5-5-5-5-5-0
6-6-6-6-6-11	6-6-6-6-6-0
7-7-7-7-7-12	7-7-7-7-7-0
8-8-8-8-8-13	8-8-8-8-8-0
9-9-9-9-9-14	9-9-9-9-9-0

CERTIFICATE NUMBER											
4	3	-	4	8	-	0	0	0	3	8	
0-0	0-0	0-0	0-0	0-0	0-0	0-0	0-0	0-0	0-0	0-0	0-0

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

RESULTS

Satisfactory
 Incomplete
 Unsatisfactory

Correct Violations by
 Next Inspection
 8:00 AM on:

DATE
0-0-0-0-0-05
1-1-1-1-1-06
2-2-2-2-2-07
3-3-3-3-3-08
4-4-4-4-4-09
5-5-5-5-5-10
6-6-6-6-6-11
7-7-7-7-7-12
8-8-8-8-8-13
9-9-9-9-9-14

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

ITEM NUMBERS 26 COMMENTS AND INSTRUCTIONS (continue on attached sheet)
OpLens Chlor 165 3 compst 400 ppmQ; spray 300-400Q Bucket 300-400Q
340-milk 40
2°
End of lunch - leftovers (not in temp) to be discarded.
Consider rotating "old" canned stock in dry storage.
Dishwasher not working - using 3 compst. sink - OK

Note: Food prepared @ Penewood - transported to Challenger.
 HEALTH DEPARTMENT INSPECTOR: MA Dewald PHONE: 221-4090
 COPY OF REPORT RECEIVED BY: Latisha Houston DATE: 1-15-09
Cassandra Jackson
 CHD/HEADQUARTERS