

**STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT**



PURPOSE:

- ROUTINE
- REINSPECTION
- CONSTRUCTION
- CHANGE OF OWNER
- COMPLAINT
- CONSULTATION
- GAS SURVEY
- OTHER
- OTHER

**FOOD SERVICE
INSPECTION REPORT**

NAME OF ESTABLISHMENT MC High - Main
 ADDRESS 2801 S Canal Hwy CITY ST
 OWNER MCSB ZIP 32804
 PERSON IN CHARGE Berni Romero PHONE 219-1800

RESULTS

- Satisfactory
- Incomplete
- Unsatisfactory
- Correct Violations by
 - Next Inspection
 - 30th AM on:

BEGIN	END	DATE	POSITION #	CERTIFICATE NUMBER	TYPE
10:15	10:45	03/26/09	84228	43-48-00279	<input checked="" type="checkbox"/> School
11:00	11:30				<input type="checkbox"/> Hospital
11:30	12:00				<input type="checkbox"/> Nursing
12:00	12:30				<input type="checkbox"/> Detention
12:30	1:00				<input type="checkbox"/> Lounge
1:00	1:30				<input type="checkbox"/> Clinic
1:30	2:00				<input type="checkbox"/> Motel
2:00	2:30				<input type="checkbox"/> Restaurant
2:30	3:00				<input type="checkbox"/> Child
3:00	3:30				<input type="checkbox"/> Limited
3:30	4:00				<input type="checkbox"/> Other

DATE
03/26/09
03/27/09
03/28/09
03/29/09
03/30/09
03/31/09
04/01/09
04/02/09
04/03/09
04/04/09
04/05/09
04/06/09
04/07/09
04/08/09
04/09/09
04/10/09
04/11/09
04/12/09
04/13/09
04/14/09

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. Sanitary 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"/> 29. 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"/> 30. 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"/> 31. 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. Pank cooking | <input type="checkbox"/> 20. Handwashing | <input type="checkbox"/> 33. Sewage | <input type="checkbox"/> 32. Manager certification |
| <input type="checkbox"/> 7. Poultry cooking | <input type="checkbox"/> 21. Handling of dishes | <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"/> 33. 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"/> 34. Inspection/Enforcement |
| <input type="checkbox"/> 11. Buffet establishments | <input type="checkbox"/> 24. Ice storage/Container-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. Repackage of food | <input type="checkbox"/> 26. Dishwashing facilities | | |

ITEM NUMBERS *milk exp - 4/9/09* **COMMENTS AND INSTRUCTIONS**
 (continue on attached sheet)

w/c - 38°F. mashed potato bombs - 170°F hot water - 107°F.

w/f - 17°F. Brisque Pork - 65°F (2) corrected

R1 - 40°F. (3) brighter the longer you stay in

R1 heater - 151°F. (2) hood lights corrected

* ice exp on ice machine needs outside holder

John Procell PHONE: 221-4080

DATE: 3/26/09

COPY OF REPORT RECEIVED BY: DATE:

Use Form 6082, 1-08 (Replaces Previous Editions)

CHD/HEADQUARTERS