

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

Hot Hood 100 166 173
Pizza 167
ch sw 147
Hot Hood 164
Pizza 133
march 203



Online s/wich
Pizza
ch sw 131
Chicken 149

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

NAME OF ESTABLISHMENT So Fork High School - Cafeteria
 ADDRESS 10205 SW Pratt + Whitney Rd CITY St
 OWNER MCSB ZIP 34997
 PERSON IN CHARGE PJ Schaff PHONE 219-1840

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
1400	1150	012609	41877	43-48-00013	<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	03-03-03-07	03-03-03-03	03-03-03-03-03	<input type="checkbox"/> Detention
04-15	04-15	04-04-04-08	04-04-04-04	04-04-04-04-04	<input type="checkbox"/> Lounge
05-20	05-20	05-05-05-09	05-05-05-05	05-05-05-05-05	<input type="checkbox"/> Civic
06-25	06-25	06-06-06-10	06-06-06-06	06-06-06-06-06	<input type="checkbox"/> Movie
07-30	07-30	07-07-07-11	07-07-07-07	07-07-07-07-07	<input type="checkbox"/> Residen.
08-35	08-35	08-08-08-12	08-08-08-08	08-08-08-08-08	<input type="checkbox"/> Child
09-40	09-40	09-09-09-13	09-09-09-09	09-09-09-09-09	<input type="checkbox"/> Limited
10-45	10-45	00-00-00-00	00-00-00-00	00-00-00-00-00	<input type="checkbox"/> Other
11-50	11-50				
12-55	12-55				

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"/> 3. No further cooking/Rapid cooling	<input type="checkbox"/> 16. Poisonous/Toxic materials	<input type="checkbox"/> 29. Cleanliness of equipment	
<input type="checkbox"/> 4. Thawing	<input type="checkbox"/> 17. Exclusion of personnel	<input type="checkbox"/> 30. Methods of washing	
<input type="checkbox"/> 5. Raw fruits	<input type="checkbox"/> 18. Cleanliness	<input type="checkbox"/> 31. Water supply	TEMPORARY FOOD SERVICE EVENTS
<input type="checkbox"/> 6. Pork cooking	<input type="checkbox"/> 19. Tobacco use	<input type="checkbox"/> 32. Ice	<input type="checkbox"/> 40. Temporary food service events
<input type="checkbox"/> 7. Poultry cooking	<input type="checkbox"/> 20. Handwashing	<input type="checkbox"/> 33. Sewage	VENDING MACHINES
<input type="checkbox"/> 8. Other animal cooking	<input type="checkbox"/> 21. Handling of dishware	<input type="checkbox"/> 34. Plumbing	<input type="checkbox"/> 41. Vending machines
<input type="checkbox"/> 9. Least contact/Reheating	<input type="checkbox"/> 22. Refrigeration facilities/Thermometers	<input type="checkbox"/> 35. Toilet facilities	MANAGER CERTIFICATIONS
<input type="checkbox"/> 10. Food container	<input type="checkbox"/> 23. Sinks	<input type="checkbox"/> 36. Handwashing facilities	<input type="checkbox"/> 42. Manager certification
<input type="checkbox"/> 11. Buffet requirements	<input type="checkbox"/> 24. Ice storage/Counter-protector	<input type="checkbox"/> 37. Garbage disposal	CERTIFICATES AND FEES
<input type="checkbox"/> 12. Self-service condiments	<input type="checkbox"/> 25. Ventilation/Storage/Sufficient equipment	<input type="checkbox"/> 38. Vermin control	<input type="checkbox"/> 43. Certificates and fees
<input type="checkbox"/> 13. Reservice of food	<input type="checkbox"/> 26. Dishwashing facilities		INSPECTION/ENFORCEMENT
			<input type="checkbox"/> 44. Inspection/Enforcement

ITEM NUMBERS WI 0° COMMENTS AND INSTRUCTIONS (continue on attached sheet) Snack Shack 0°

39 sub 40 Wrap 38 Sat 44-45

Kitchen short staffed today - Watch temps -

Rating system now in place.

HEALTH DEPARTMENT INSPECTOR: M. Dewald PHONE: 221-4090

COPY OF REPORT RECEIVED BY: Paul Schaff DATE: 1-26-09