

**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 Stuart Middle School  
 ADDRESS 595 George Ave. CITY: STUART  
 OWNER MCSB ZIP 34994  
 PERSON IN CHARGE Guy TANA PHONE 219-1685

**RESULTS**

Satisfactory  
 Incomplete  
 Unsatisfactory

Correct Violations by  
 Next Inspection  
 8:00 AM on:

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

OUT OF BUSINESS

BEGIN	END	DATE	POSITION #	CERTIFICATE NUMBER	TYPE
1:00	1:00	03/20/09	84226	43-48-00010	<input checked="" type="checkbox"/> School
2:05 AM	2:05 AM				<input type="checkbox"/> Hospital
3:10 PM	3:10 PM				<input type="checkbox"/> Nursing
4:15	4:15				<input type="checkbox"/> Detention
5:20	5:20				<input type="checkbox"/> Lounge
6:25	6:25				<input type="checkbox"/> Civic
7:30	7:30				<input type="checkbox"/> Movie
8:35	8:35				<input checked="" type="checkbox"/> School
9:40	9:40				<input type="checkbox"/> Residen.
10:45	10:45				<input type="checkbox"/> Child
11:50	11:50				<input type="checkbox"/> Limited
12:55	12:55				<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.

<b>FOOD SUPPLIES</b>	<input type="checkbox"/> 1. Sources, etc.	<input type="checkbox"/> 14. Sneeze guards	<input type="checkbox"/> 27. Design and fabrication	<b>OTHER FACILITIES</b>
<b>FOOD PROTECTION</b>	<input type="checkbox"/> 2. Stored temperature	<input type="checkbox"/> 15. Transportation of food	<input type="checkbox"/> 28. Installation and location	<b>GRAND OPERATIONS</b>
	<input type="checkbox"/> 3. No further cooking Rapid cooking	<input type="checkbox"/> 16. Poisonous Toxic materials	<input type="checkbox"/> 29. Cleanliness of equipment	<input type="checkbox"/> 39. Other facilities and operations
	<input type="checkbox"/> 4. Thawing	<b>PERSONNEL</b>	<input type="checkbox"/> 30. Methods of washing	<b>TEMPORARY FOOD SERVICE EVENTS</b>
	<input type="checkbox"/> 5. Raw fruits	<input type="checkbox"/> 17. Exclusion of personnel	<b>SANITARY FACILITIES AND CONTROLS</b>	<input type="checkbox"/> 40. Temporary food service events
	<input type="checkbox"/> 6. Pork cooking	<input type="checkbox"/> 18. Cleanliness	<input type="checkbox"/> 31. Water supply	<b>VENDING MACHINES</b>
	<input type="checkbox"/> 7. Poultry cooking	<input type="checkbox"/> 19. Tobacco use	<input type="checkbox"/> 32. Ice	<input type="checkbox"/> 41. Vending machines
	<input type="checkbox"/> 8. Other animal cooking	<input type="checkbox"/> 20. Handwashing	<input type="checkbox"/> 33. Sewage	<b>MANAGER CERTIFICATION</b>
	<input type="checkbox"/> 9. Least contact Reheating	<b>EQUIPMENT/UTENSILS</b>	<input type="checkbox"/> 34. Plumbing	<input type="checkbox"/> 42. Manager certification
	<input type="checkbox"/> 10. Food container	<input type="checkbox"/> 22. Refrigeration facilities Thermometers	<input type="checkbox"/> 35. Toilet facilities	<b>CERTIFICATES AND FEES</b>
	<input type="checkbox"/> 11. Buffet requirements	<input type="checkbox"/> 23. Sinks	<input type="checkbox"/> 36. Handwashing facilities	<input type="checkbox"/> 43. Certificates and fees
	<input type="checkbox"/> 12. Self-service condiments	<input type="checkbox"/> 24. Ice storage Counter-protector	<input type="checkbox"/> 37. Garbage disposal	<b>INSPECTION/ENFORCEMENT</b>
	<input type="checkbox"/> 13. Reserve of food	<input type="checkbox"/> 25. Ventilation Storage Sufficient equipment	<input type="checkbox"/> 38. Vermin control	<input type="checkbox"/> 44. Inspection Enforcement
		<input type="checkbox"/> 26. Dishwashing facilities		

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
1-13	NO VIOLATIONS observed @ time of inspection

HEALTH DEPARTMENT INSPECTOR Don Hino PHONE: 221-1090  
 COPY OF REPORT RECEIVED BY: [Signature] DATE: 3/20/09