

**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 Madison County Dry Storage
 ADDRESS 2093 W Hwy 90 CITY Madison
 OWNER M.C.S.B. ZIP 32340
 PERSON IN CHARGE Kathy Dehl PHONE 973-5876

RESULTS

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

BEGIN	END
1205	1215
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

DATE
8/30/16
0:0:0:0:05
1:1:1:1:06
2:2:2:2:07
3:3:3:3:08
4:4:4:4:09
5:5:5:5:10
6:6:6:6:11
7:7:7:7:12
8:8:8:8:13
9:9:9:9:14

POSITION #
28480
0:0:0:0:00
1:1:1:1:01
2:2:2:2:02
3:3:3:3:03
4:4:4:4:04
5:5:5:5:05
6:6:6:6:06
7:7:7:7:07
8:8:8:8:08
9:9:9:9:09

CERTIFICATE NUMBER
40-48-00057
0:0:0:0:00
1:1:1:1:01
2:2:2:2:02
3:3:3:3:03
4:4:4:4:04
5:5:5:5:05
6:6:6:6:06
7:7:7:7:07
8:8:8:8:08
9:9:9:9:09

TYPE
☐ Hospital
☐ Nursing
☐ Detention
☐ Lounge
☐ Civic
☐ Movie
☒ School
☐ Residen.
☐ Child
☐ Limited
☐ Other

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

FOOD SUPPLIES ☐ 1. Sources, etc. FOOD PROTECTION ☐ 2. Stored temperature ☐ 3. No further cooking Rapid cooling ☐ 4. Thawing ☐ 5. Raw fruits ☐ 6. Pork cooking ☐ 7. Poultry cooking ☐ 8. Other animal cooking ☐ 9. Least contact Reheating ☐ 10. Food container ☐ 11. Buffet requirements ☐ 12. Self-service condiments ☐ 13. Reservice of food	☐ 14. Sneeze guards ☐ 15. Transportation of food ☐ 16. Poisonous/Toxic materials PERSONNEL ☐ 17. Exclusion of personnel ☐ 18. Cleanliness ☐ 19. Tobacco use ☐ 20. Handwashing ☐ 21. Handling of dishware EQUIPMENT/UTENSILS ☐ 22. Refrigeration facilities Thermometers ☐ 23. Sinks ☐ 24. Ice storage Counter-protector ☐ 25. Ventilation Storage Sufficient equipment ☐ 26. Dishwashing facilities	☐ 27. Design and fabrication ☐ 28. Installation and location ☐ 29. Cleanliness of equipment ☐ 30. Methods of washing SANITARY FACILITIES AND CONTROLS ☐ 31. Water supply ☐ 32. Ice ☐ 33. Sewage ☐ 34. Plumbing ☐ 35. Toilet facilities ☐ 36. Handwashing facilities ☐ 37. Garbage disposal ☐ 38. Vermin control	OTHER FACILITIES AND OPERATIONS ☐ 39. Other facilities and operations TEMPORARY FOOD SERVICE EVENTS ☐ 40. Temporary food service events VENDING MACHINES ☐ 41. Vending machines MANAGER CERTIFICATION ☐ 42. Manager certification CERTIFICATES AND FEES ☐ 43. Certificates and fees INSPECTION/ENFORCEMENT ☐ 44. Inspection Enforcement
---	--	--	--

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
	<u>Schishchey</u>

HEALTH DEPARTMENT INSPECTOR Bill Gibson PHONE 973-5200
 COPY OF REPORT RECEIVED BY Merl DATE 8/30/16

**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**

RESULTS

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

DATE

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

☐ OUT OF BUSINESS

NAME OF ESTABLISHMENT Madison Central Dry Storage
 ADDRESS 2993 W US 90 CITY Madison
 OWNER M.C.S.B. ZIP 32340
 PERSON IN CHARGE Kelly Dehl PHONE 850-973-5876

BEGIN	END	DATE	POSITION #	CERTIFICATE NUMBER	TYPE
12:00	12:15	1 26 17	28480	40-48-00057	☐ Hospital
1:00	1:00	0 0 0 0 05	0 0 0 0 0	0 0 0 0 0	☐ Nursing
2:05 AM	2:05 AM	1 1 1 1 06	1 1 1 1 1	1 1 1 1 1	☐ Detention
3:10 PM	3:10 PM	2 2 2 2 07	2 2 2 2 2	2 2 2 2 2	☐ Lounge
4:15	4:15	3 3 3 3 08	3 3 3 3 3	3 3 3 3 3	☐ Civic
5:20	5:20	4 4 4 4 09	4 4 4 4 4	4 4 4 4 4	☐ Movie
6:25	6:25	5 5 5 5 10	5 5 5 5 5	5 5 5 5 5	☒ School
7:30	7:30	6 6 6 6 11	6 6 6 6 6	6 6 6 6 6	☐ Residen.
8:35	8:35	7 7 7 7 12	7 7 7 7 7	7 7 7 7 7	☐ Child
9:40	9:40	8 8 8 8 13	8 8 8 8 8	8 8 8 8 8	☐ Limited
10:45	10:45	9 9 9 9 14	9 9 9 9 9	9 9 9 9 9	☐ 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.

FOOD SUPPLIES ☐ 1. Sources, etc. FOOD PROTECTION ☐ 2. Stored temperature ☐ 3. No further cooking/Rapid cooling ☐ 4. Thawing ☐ 5. Raw fruits ☐ 6. Pork cooking ☐ 7. Poultry cooking ☐ 8. Other animal cooking ☐ 9. Least contact Reheating ☐ 10. Food container ☐ 11. Buffet requirements ☐ 12. Self-service condiments ☐ 13. Reserve of food	☐ 14. Sneeze guards ☐ 15. Transportation of food ☐ 16. Poisonous/Toxic materials PERSONNEL ☐ 17. Exclusion of personnel ☐ 18. Cleanliness ☐ 19. Tobacco use ☐ 20. Handwashing ☐ 21. Handling of dishware EQUIPMENT/UTENSILS ☐ 22. Refrigeration facilities Thermometers ☐ 23. Sinks ☐ 24. Ice storage Counter-protector ☐ 25. Ventilation Storage Sufficient equipment ☐ 26. Dishwashing facilities	☐ 27. Design and fabrication ☐ 28. Installation and location ☐ 29. Cleanliness of equipment ☐ 30. Methods of washing SANITARY FACILITIES AND CONTROLS ☐ 31. Water supply ☐ 32. Ice ☐ 33. Sewage ☐ 34. Plumbing ☐ 35. Toilet facilities ☐ 36. Handwashing facilities ☐ 37. Garbage disposal ☐ 38. Vermin control	OTHER FACILITIES AND OPERATIONS ☐ 39. Other facilities and operations TEMPORARY FOOD SERVICE EVENTS ☐ 40. Temporary food service events VENDING MACHINES ☐ 41. Vending machines MANAGER CERTIFICATION ☐ 42. Manager certification CERTIFICATES AND FEES ☐ 43. Certificates and fees INSPECTION/ENFORCEMENT ☐ 44. Inspection Enforcement
---	--	--	--

ITEM NUMBERS

COMMENTS AND INSTRUCTIONS
(continue on attached sheet)

HEALTH DEPARTMENT INSPECTOR: Bill Gibson PHONE: 973-5200
 COPY OF REPORT RECEIVED BY: Mari DATE: 1-26-17

**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 Madison County Central School Freezer
ADDRESS 2093 W US Hwy 90 **CITY** Madison
OWNER M.C.S.B. **ZIP** 32346
PERSON IN CHARGE Kathy Dehl **PHONE** 973-5492

RESULTS

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

BEGIN	END
11:52	12:02
☐ 00	☐ 00
☐ 05 AM	☐ 05 AM
☐ 10 PM	☐ 10 PM
☐ 15	☐ 15
☐ 20	☐ 20
☐ 25	☐ 25
☐ 30	☐ 30
☐ 35	☐ 35
☐ 40	☐ 40
☐ 45	☐ 45
☐ 50	☐ 50
☐ 55	☐ 55

DATE
8 30 16
☐ 00 ☐ 00 ☐ 05
☐ 01 ☐ 01 ☐ 06
☐ 02 ☐ 02 ☐ 07
☐ 03 ☐ 03 ☐ 08
☐ 04 ☐ 04 ☐ 09
☐ 05 ☐ 05 ☐ 10
☐ 06 ☐ 06 ☐ 11
☐ 07 ☐ 07 ☐ 12
☐ 08 ☐ 08 ☐ 13
☐ 09 ☐ 09 ☐ 14

POSITION #
28480
☐ 00 ☐ 00 ☐ 00
☐ 01 ☐ 01 ☐ 01
☐ 02 ☐ 02 ☐ 02
☐ 03 ☐ 03 ☐ 03
☐ 04 ☐ 04 ☐ 04
☐ 05 ☐ 05 ☐ 05
☐ 06 ☐ 06 ☐ 06
☐ 07 ☐ 07 ☐ 07
☐ 08 ☐ 08 ☐ 08
☐ 09 ☐ 09 ☐ 09

CERTIFICATE NUMBER
40-48-00056
☐ 00 ☐ 00 ☐ 00
☐ 01 ☐ 01 ☐ 01
☐ 02 ☐ 02 ☐ 02
☐ 03 ☐ 03 ☐ 03
☐ 04 ☐ 04 ☐ 04
☐ 05 ☐ 05 ☐ 05
☐ 06 ☐ 06 ☐ 06
☐ 07 ☐ 07 ☐ 07
☐ 08 ☐ 08 ☐ 08
☐ 09 ☐ 09 ☐ 09

TYPE
☐ Hospital
☐ Nursing
☐ Detention
☐ Lounge
☐ Civic
☐ Movie
☒ School
☐ Residen.
☐ Child
☐ Limited
☐ Other

DATE
☐ 00 ☐ 00 ☐ 05
☐ 01 ☐ 01 ☐ 06
☐ 02 ☐ 02 ☐ 07
☐ 03 ☐ 03 ☐ 08
☐ 04 ☐ 04 ☐ 09
☐ 05 ☐ 05 ☐ 10
☐ 06 ☐ 06 ☐ 11
☐ 07 ☐ 07 ☐ 12
☐ 08 ☐ 08 ☐ 13
☐ 09 ☐ 09 ☐ 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.

FOOD SUPPLIES ☐ 1. Sources, etc. FOOD PROTECTION ☐ 2. Stored temperature ☐ 3. No further cooking/Rapid cooling ☐ 4. Thawing ☐ 5. Raw fruits ☐ 6. Pork cooking ☐ 7. Poultry cooking ☐ 8. Other animal cooking ☐ 9. Least contact Reheating ☐ 10. Food container ☐ 11. Buffet requirements ☐ 12. Self-service condiments ☐ 13. Reserve of food	☐ 14. Sneeze guards ☐ 15. Transportation of food ☐ 16. Poisonous/Toxic materials PERSONNEL ☐ 17. Exclusion of personnel ☐ 18. Cleanliness ☐ 19. Tobacco use ☐ 20. Handwashing ☐ 21. Handling of dishware EQUIPMENT/UTENSILS ☐ 22. Refrigeration facilities/Thermometers ☐ 23. Sinks ☐ 24. Ice storage Counter-protector ☐ 25. Ventilation Storage Sufficient equipment ☐ 26. Dishwashing facilities	☐ 27. Design and fabrication ☐ 28. Installation and location ☐ 29. Cleanliness of equipment ☐ 30. Methods of washing SANITARY FACILITIES AND CONTROLS ☐ 31. Water supply ☐ 32. Ice ☐ 33. Sewage ☐ 34. Plumbing ☐ 35. Toilet facilities ☐ 36. Handwashing facilities ☐ 37. Garbage disposal ☐ 38. Vermin control	OTHER FACILITIES AND OPERATIONS ☐ 39. Other facilities and operations TEMPORARY FOOD SERVICE EVENTS ☐ 40. Temporary food service events VENDING MACHINES ☐ 41. Vending machines MANAGER CERTIFICATION ☐ 42. Manager certification CERTIFICATES AND FEES ☐ 43. Certificates and fees INSPECTION/ENFORCEMENT ☐ 44. Inspection Enforcement
---	--	--	--

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
	Satisfactory

HEALTH DEPARTMENT INSPECTOR: Bill Gibson **PHONE:** 973-5000
COPY OF REPORT RECEIVED BY: Mail **DATE:** 8-30-16



**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 Madison Central Freezer
 ADDRESS 2993 W US 90 CITY Madison
 OWNER M.C.S.B. ZIP 32340
 PERSON IN CHARGE Kathy Dehl PHONE 881-973-5875

RESULTS

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

BEGIN	END
11:41	11:45
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

DATE
1 26 17
0 0 0 0 05
1 1 1 1 06
2 2 2 2 07
3 3 3 3 08
4 4 4 4 09
5 5 5 5 10
6 6 6 6 11
7 7 7 7 12
8 8 8 8 13
9 9 9 9 14

POSITION #
28980
0 0 0 0 0
1 1 1 1 1
2 2 2 2 2
3 3 3 3 3
4 4 4 4 4
5 5 5 5 5
6 6 6 6 6
7 7 7 7 7
8 8 8 8 8
9 9 9 9 9

CERTIFICATE NUMBER
40-48-00056
0 0 0 0 0
1 1 1 1 1
2 2 2 2 2
3 3 3 3 3
4 4 4 4 4
5 5 5 5 5
6 6 6 6 6
7 7 7 7 7
8 8 8 8 8
9 9 9 9 9

TYPE
☐ Hospital
☐ Nursing
☐ Detention
☐ Lounge
☐ Civic
☐ Movie
☒ School
☐ Residen.
☐ Child
☐ Limited
☐ Other

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

FOOD SUPPLIES ☐ 1. Sources, etc. FOOD PROTECTION ☐ 2. Stored temperature ☐ 3. No further cooking Rapid cooling ☐ 4. Thawing ☐ 5. Raw fruits ☐ 6. Pork cooking ☐ 7. Poultry cooking ☐ 8. Other animal cooking ☐ 9. Least contact Reheating ☐ 10. Food container ☐ 11. Buffet requirements ☐ 12. Self-service condiments ☐ 13. Reserve of food	☐ 14. Sneeze guards ☐ 15. Transportation of food ☐ 16. Poisonous Toxic materials PERSONNEL ☐ 17. Exclusion of personnel ☐ 18. Cleanliness ☐ 19. Tobacco use ☐ 20. Handwashing ☐ 21. Handling of dishware EQUIPMENT/UTENSILS ☐ 22. Refrigeration facilities Thermometers ☐ 23. Sinks ☐ 24. Ice storage Counter-protector ☐ 25. Ventilation/Storage/Sufficient equipment ☐ 26. Dishwashing facilities	☐ 27. Design and fabrication ☐ 28. Installation and location ☐ 29. Cleanliness of equipment ☐ 30. Methods of washing SANITARY FACILITIES AND CONTROLS ☐ 31. Water supply ☐ 32. Ice ☐ 33. Sewage ☐ 34. Plumbing ☐ 35. Toilet facilities ☐ 36. Handwashing facilities ☐ 37. Garbage disposal ☐ 38. Vermin control	OTHER FACILITIES AND OPERATIONS ☐ 39. Other facilities and operations TEMPORARY FOOD SERVICE EVENTS ☐ 40. Temporary food service events VENDING MACHINES ☐ 41. Vending machines MANAGER CERTIFICATION ☐ 42. Manager certification CERTIFICATES AND FEES ☐ 43. Certificates and fees INSPECTION/ENFORCEMENT ☐ 44. Inspection Enforcement
---	--	--	--

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
	<u>Satisfactory</u>

HEALTH DEPARTMENT INSPECTOR B. H. Gibson PHONE 973-5000
 COPY OF REPORT RECEIVED BY Marl DATE 1-26-17

**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 Madison High School
 ADDRESS 2649 W US 90 CITY Madison
 OWNER M.C.S.B ZIP 32340
 PERSON IN CHARGE Nellie Jackson PHONE 850-973-5061

RESULTS

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

BEGIN	END
11:35	1:55
☐ 00	☐ 00
☐ 05 AM	☐ 05 AM
☐ 10 PM	☐ 10 PM
☐ 15	☐ 15
☐ 20	☐ 20
☐ 25	☐ 25
☐ 30	☐ 30
☐ 35	☐ 35
☐ 40	☐ 40
☐ 45	☐ 45
☐ 50	☐ 50
☐ 55	☐ 55

DATE
8 29 16
☐ 05
☐ 06
☐ 07
☐ 08
☐ 09
☐ 10
☐ 11
☐ 12
☐ 13
☐ 14

POSITION #
28480
☐ 00
☐ 01
☐ 02
☐ 03
☐ 04
☐ 05
☐ 06
☐ 07
☐ 08
☐ 09
☐ 10
☐ 11
☐ 12
☐ 13
☐ 14

CERTIFICATE NUMBER
40-48-00010
☐ 00
☐ 01
☐ 02
☐ 03
☐ 04
☐ 05
☐ 06
☐ 07
☐ 08
☐ 09
☐ 10
☐ 11
☐ 12
☐ 13
☐ 14

TYPE
☐ Hospital
☐ Nursing
☐ Detention
☐ Lounge
☐ Civic
☐ Movie
☒ School
☐ Residen.
☐ Child
☐ Limited
☐ Other

DATE
☐ 05
☐ 06
☐ 07
☐ 08
☐ 09
☐ 10
☐ 11
☐ 12
☐ 13
☐ 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.

FOOD SUPPLIES

- ☐ 1. Sources, etc.

FOOD PROTECTION

- ☐ 2. Stored temperature
☐ 3. No further cooking Rapid cooling
☐ 4. Thawing
☐ 5. Raw fruits
☐ 6. Pork cooking
☐ 7. Poultry cooking
☐ 8. Other animal cooking
☐ 9. Least contact Reheating
☐ 10. Food container
☐ 11. Buffet requirements
☐ 12. Self-service condiments
☐ 13. Reserve of food

- ☐ 14. Sneeze guards
☐ 15. Transportation of food
☐ 16. Poisonous/Toxic materials

PERSONNEL

- ☐ 17. Exclusion of personnel
☐ 18. Cleanliness
☐ 19. Tobacco use
☐ 20. Handwashing
☐ 21. Handling of dishware

EQUIPMENT/UTENSILS

- ☐ 22. Refrigeration facilities Thermometers
☐ 23. Sinks
☐ 24. Ice storage Counter-protector
☐ 25. Ventilation Storage Sufficient equipment
☐ 26. Dishwashing facilities

- ☐ 27. Design and fabrication
☐ 28. Installation and location
☐ 29. Cleanliness of equipment
☐ 30. Methods of washing

**SANITARY FACILITIES
AND CONTROLS**

- ☐ 31. Water supply
☐ 32. Ice
☐ 33. Sewage
☐ 34. Plumbing
☐ 35. Toilet facilities
☐ 36. Handwashing facilities
☐ 37. Garbage disposal
☐ 38. Vermin control

**OTHER FACILITIES
AND OPERATIONS**

- ☐ 39. Other facilities and operations

**TEMPORARY FOOD
SERVICE EVENTS**

- ☐ 40. Temporary food service events

VENDING MACHINES

- ☐ 41. Vending machines

MANAGER CERTIFICATION

- ☐ 42. Manager certification

CERTIFICATES AND FEES

- ☐ 43. Certificates and fees

INSPECTION/ENFORCEMENT

- ☐ 44. Inspection Enforcement

ITEM
NUMBERS

COMMENTS AND INSTRUCTIONS
(continue on attached sheet)

	Satisfactory

HEALTH DEPARTMENT INSPECTOR

Bill Gibson

PHONE

973-5061

COPY OF REPORT RECEIVED BY

Nellie Jackson

DATE

8/24/16



**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 Madison County High School
 ADDRESS 2649 W US 90 CITY Madison
 OWNER M.C.S.B. ZIP 32340
 PERSON IN CHARGE Nellie Jackson PHONE 850-973-5061

RESULTS

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

BEGIN	END
10:37	11:09
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

DATE
2 6 17
0:0:0:0:05
1:1:1:1:06
2:2:2:2:07
3:3:3:3:08
4:4:4:4:09
5:5:5:5:10
6:6:6:6:11
7:7:7:7:12
8:8:8:8:13
9:9:9:9:14

POSITION #
28480
0:0:0:0:00
1:1:1:1:01
2:2:2:2:02
3:3:3:3:03
4:4:4:4:04
5:5:5:5:05
6:6:6:6:06
7:7:7:7:07
8:8:8:8:08
9:9:9:9:09

CERTIFICATE NUMBER
40-48-00010
0:0:0:0:00
1:1:1:1:01
2:2:2:2:02
3:3:3:3:03
4:4:4:4:04
5:5:5:5:05
6:6:6:6:06
7:7:7:7:07
8:8:8:8:08
9:9:9:9:09

TYPE
☐ Hospital
☐ Nursing
☐ Detention
☐ Lounge
☐ Civic
☐ Movie
☒ School
☐ Residen.
☐ Child
☐ Limited
☐ Other

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

FOOD SUPPLIES ☐ 1. Sources, etc. FOOD PROTECTION ☐ 2. Stored temperature ☐ 3. No further cooking/Rapid cooling ☐ 4. Thawing ☐ 5. Raw fruits ☐ 6. Pork cooking ☐ 7. Poultry cooking ☐ 8. Other animal cooking ☐ 9. Least contact Reheating ☒ 10. Food container ☐ 11. Buffet requirements ☐ 12. Self-service condiments ☐ 13. Reservice of food	☐ 14. Sneeze guards ☐ 15. Transportation of food ☐ 16. Poisonous/Toxic materials PERSONNEL ☐ 17. Exclusion of personnel ☐ 18. Cleanliness ☐ 19. Tobacco use ☐ 20. Handwashing ☐ 21. Handling of dishware EQUIPMENT/UTENSILS ☐ 22. Refrigeration facilities Thermometers ☐ 23. Sinks ☐ 24. Ice storage Counter-protector ☐ 25. Ventilation/Storage Sufficient equipment ☐ 26. Dishwashing facilities	☐ 27. Design and fabrication ☐ 28. Installation and location ☐ 29. Cleanliness of equipment ☐ 30. Methods of washing SANITARY FACILITIES AND CONTROLS ☐ 31. Water supply ☐ 32. Ice ☐ 33. Sewage ☐ 34. Plumbing ☐ 35. Toilet facilities ☐ 36. Handwashing facilities ☐ 37. Garbage disposal ☐ 38. Vermin control	OTHER FACILITIES AND OPERATIONS ☒ 39. Other facilities and operations TEMPORARY FOOD SERVICE EVENTS ☐ 40. Temporary food service events VENDING MACHINES ☐ 41. Vending machines MANAGER CERTIFICATION ☐ 42. Manager certification CERTIFICATES AND FEES ☐ 43. Certificates and fees INSPECTION/ENFORCEMENT ☐ 44. Inspection/Enforcement
--	--	--	---

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
10	Food boxes in freezer must be stored six inches off floor.
39	Remove ice on floor in freezer.

HEALTH DEPARTMENT INSPECTOR Bill Gibson PHONE 973-5060
 COPY OF REPORT RECEIVED BY Nellie Jackson DATE 2-6-17
 DH Form 4023, 1/05 (Obsoletes Previous Editions)

**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 Madison Central School
ADDRESS 2953 W US Hwy 90 **CITY** Madison
OWNER M.C.S.B. **ZIP** 32340
PERSON IN CHARGE Kathy Deihl **PHONE** 850-973-5

RESULTS

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

BEGIN	END
11:28	11:51
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

DATE
8 30 16
0 0 0 0 05
0 0 0 0 06
0 0 0 0 07
0 0 0 0 08
0 0 0 0 09
0 0 0 0 10
0 0 0 0 11
0 0 0 0 12
0 0 0 0 13
0 0 0 0 14

POSITION #
28480
0 0 0 0 0
0 0 0 0 0
0 0 0 0 0
0 0 0 0 0
0 0 0 0 0
0 0 0 0 0
0 0 0 0 0
0 0 0 0 0
0 0 0 0 0
0 0 0 0 0

CERTIFICATE NUMBER
40 - 48 - 00041
0 0 0 0 0
0 0 0 0 0
0 0 0 0 0
0 0 0 0 0
0 0 0 0 0
0 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
☐ Hospital
☐ Nursing
☐ Detention
☐ Lounge
☐ Civic
☐ Movie
☒ School
☐ Residen.
☐ Child
☐ Limited
☐ Other

DATE
0 0 0 0 05
0 0 0 0 06
0 0 0 0 07
0 0 0 0 08
0 0 0 0 09
0 0 0 0 10
0 0 0 0 11
0 0 0 0 12
0 0 0 0 13
0 0 0 0 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.

FOOD SUPPLIES ☐ 1. Sources, etc. FOOD PROTECTION ☐ 2. Stored temperature ☐ 3. No further cooking Rapid cooling ☐ 4. Thawing ☐ 5. Raw fruits ☐ 6. Pork cooking ☐ 7. Poultry cooking ☐ 8. Other animal cooking ☐ 9. Least contact Reheating ☒ 10. Food container ☒ 11. Buffet requirements ☐ 12. Self-service condiments ☐ 13. Reserve of food	☐ 14. Sneeze guards ☐ 15. Transportation of food ☐ 16. Poisonous/Toxic materials PERSONNEL ☐ 17. Exclusion of personnel ☐ 18. Cleanliness ☐ 19. Tobacco use ☐ 20. Handwashing ☐ 21. Handling of dishware EQUIPMENT/UTENSILS ☐ 22. Refrigeration facilities/Thermometers ☐ 23. Sinks ☐ 24. Ice storage/Counter-protector ☐ 25. Ventilation Storage Sufficient equipment ☐ 26. Dishwashing facilities	☐ 27. Design and fabrication ☐ 28. Installation and location ☐ 29. Cleanliness of equipment ☐ 30. Methods of washing SANITARY FACILITIES AND CONTROLS ☐ 31. Water supply ☐ 32. Ice ☐ 33. Sewage ☐ 34. Plumbing ☐ 35. Toilet facilities ☐ 36. Handwashing facilities ☐ 37. Garbage disposal ☐ 38. Vermin control	OTHER FACILITIES AND OPERATIONS ☐ 39. Other facilities and operations TEMPORARY FOOD SERVICE EVENTS ☐ 40. Temporary food service events VENDING MACHINES ☐ 41. Vending machines MANAGER CERTIFICATION ☐ 42. Manager certification CERTIFICATES AND FEES ☐ 43. Certificates and fees INSPECTION/ENFORCEMENT ☐ 44. Inspection Enforcement
---	--	--	--

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
11.	Scoop in sugar must be placed so handle doesn't contact food.
10.	Food must be stored six inches off floor.

HEALTH DEPARTMENT INSPECTOR Bill Gibson PHONE: 973-5000
 COPY OF REPORT RECEIVED BY Kathy Duk DATE 8/30/16
 DH Form 4023, 1.05 (Obsoletes Previous Editions)

**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**

RESULTS

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

DATE

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

☐ OUT OF BUSINESS

NAME OF ESTABLISHMENT Madison Central
 ADDRESS 2993 W US Hwy 90 CITY Madison
 OWNER M.C.S.B. ZIP 32340
 PERSON IN CHARGE Kathy Dreihl PHONE 973-5876

BEGIN	END	DATE	POSITION #	CERTIFICATE NUMBER	TYPE
11:45	12:05	10/24/16	28480	40-48-00041	☐ Hospital
1:00	1:00				☐ Nursing
2:05 AM	2:05 AM				☐ Detention
3:10 PM	3:10 PM				☐ Lounge
4:15	4:15				☐ Civic
5:20	5:20				☐ Movie
6:25	6:25				☒ School
7:30	7:30				☐ Residen.
8:35	8:35				☐ Child
9:40	9:40				☐ Limited
10:45	10:45				☐ 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.

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

ITEM NUMBERS

COMMENTS AND INSTRUCTIONS
(continue on attached sheet)

Satisfactory

HEALTH DEPARTMENT INSPECTOR: Bill Gibson PHONE: 973-5000
 COPY OF REPORT RECEIVED BY: Kathy Dreihl DATE: 10-24-16
 DH Form 4023, 1-05 (Obsoletes Previous Editions)

Am

**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 Madison County Central School
 ADDRESS 2953 W US 90 CITY Madison
 OWNER M.C.S.B. ZIP 32340
 PERSON IN CHARGE Kathy Dehl PHONE 850-973-5876

RESULTS

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

BEGIN	END
11:20	11:40
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

DATE
1/26/17
0:00-0:00-05
1:00-1:00-06
2:00-2:00-07
3:00-3:00-08
4:00-4:00-09
5:00-5:00-10
6:00-6:00-11
7:00-7:00-12
8:00-8:00-13
9:00-9:00-14

POSITION #
28480
0:00-0:00-00
1:00-1:00-01
2:00-2:00-02
3:00-3:00-03
4:00-4:00-04
5:00-5:00-05
6:00-6:00-06
7:00-7:00-07
8:00-8:00-08
9:00-9:00-09

CERTIFICATE NUMBER
40-48-00041
0:00-0:00-00
1:00-1:00-01
2:00-2:00-02
3:00-3:00-03
4:00-4:00-04
5:00-5:00-05
6:00-6:00-06
7:00-7:00-07
8:00-8:00-08
9:00-9:00-09

TYPE
☐ Hospital
☐ Nursing
☐ Detention
☐ Lounge
☐ Civic
☐ Movie
☒ School
☐ Residen.
☐ Child
☐ Limited
☐ Other

DATE
0:00-0:00-05
1:00-1:00-06
2:00-2:00-07
3:00-3:00-08
4:00-4:00-09
5:00-5:00-10
6:00-6:00-11
7:00-7:00-12
8:00-8:00-13
9:00-9:00-14
☐ 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.

FOOD SUPPLIES ☐ 1. Sources, etc. FOOD PROTECTION ☐ 2. Stored temperature ☐ 3. No further cooking Rapid cooling ☐ 4. Thawing ☐ 5. Raw fruits ☐ 6. Pork cooking ☐ 7. Poultry cooking ☐ 8. Other animal cooking ☐ 9. Least contact Reheating ☐ 10. Food container ☐ 11. Buffet requirements ☐ 12. Self-service condiments ☐ 13. Reserve of food	☐ 14. Sneeze guards ☐ 15. Transportation of food ☐ 16. Poisonous/Toxic materials PERSONNEL ☐ 17. Exclusion of personnel ☐ 18. Cleanliness ☐ 19. Tobacco use ☐ 20. Handwashing ☐ 21. Handling of dishware EQUIPMENT/UTENSILS ☐ 22. Refrigeration facilities Thermometers ☐ 23. Sinks ☐ 24. Ice storage Counter-protector ☐ 25. Ventilation Storage Sufficient equipment ☐ 26. Dishwashing facilities	☐ 27. Design and fabrication ☐ 28. Installation and location ☒ 29. Cleanliness of equipment ☒ 30. Methods of washing SANITARY FACILITIES AND CONTROLS ☐ 31. Water supply ☐ 32. Ice ☐ 33. Sewage ☐ 34. Plumbing ☐ 35. Toilet facilities ☐ 36. Handwashing facilities ☐ 37. Garbage disposal ☐ 38. Vermin control	OTHER FACILITIES AND OPERATIONS ☐ 39. Other facilities and operations TEMPORARY FOOD SERVICE EVENTS ☐ 40. Temporary food service events VENDING MACHINES ☐ 41. Vending machines MANAGER CERTIFICATION ☐ 42. Manager certification CERTIFICATES AND FEES ☐ 43. Certificates and fees INSPECTION/ENFORCEMENT ☐ 44. Inspection Enforcement
---	--	--	--

ITEM NUMBERS

COMMENTS AND INSTRUCTIONS
(continue on attached sheet)

29	Clean can opener
30	Trays must be spaced apart while drying.

HEALTH DEPARTMENT INSPECTOR: Bill Gibson PHONE: 973-5000
 COPY OF REPORT RECEIVED BY: Kathy Dehl DATE: 1-26-17
 DH Form 4023 1-05 (Obsoletes Previous Editions)

**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 Greenville Elementary
 ADDRESS 729 SW Oakstreet Ave. CITY Greenville
 OWNER M.E.S.B. ZIP 32331
 PERSON IN CHARGE Katina Young PHONE 850-973-1585

RESULTS

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

DATE		
☐	☐	☐
☐	☐	☐
☐	☐	☐
☐	☐	☐
☐	☐	☐
☐	☐	☐
☐	☐	☐
☐	☐	☐
☐	☐	☐
☐	☐	☐
☐	☐	☐
☐	☐	☐
☐	☐	☐

BEGIN	END
10 45	11 10
☐	☐
☐	☐
☐	☐
☐	☐
☐	☐
☐	☐
☐	☐
☐	☐
☐	☐
☐	☐
☐	☐
☐	☐

DATE		
9	27	16
☐	☐	☐
☐	☐	☐
☐	☐	☐
☐	☐	☐
☐	☐	☐
☐	☐	☐
☐	☐	☐
☐	☐	☐
☐	☐	☐
☐	☐	☐
☐	☐	☐
☐	☐	☐

POSITION #		
2	8	480
☐	☐	☐
☐	☐	☐
☐	☐	☐
☐	☐	☐
☐	☐	☐
☐	☐	☐
☐	☐	☐
☐	☐	☐
☐	☐	☐
☐	☐	☐
☐	☐	☐
☐	☐	☐

CERTIFICATE NUMBER		
40	- 48	- 00005
☐	☐	☐
☐	☐	☐
☐	☐	☐
☐	☐	☐
☐	☐	☐
☐	☐	☐
☐	☐	☐
☐	☐	☐
☐	☐	☐
☐	☐	☐
☐	☐	☐
☐	☐	☐

TYPE
☐ Hospital
☐ Nursing
☐ Detention
☐ Lounge
☐ Civic
☐ Movie
☒ School
☐ Residen.
☐ Child
☐ Limited
☐ 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.

FOOD SUPPLIES

- ☐ 1. Sources, etc

FOOD PROTECTION

- ☐ 2. Stored temperature
☐ 3. No further cooking Rapid cooling
☐ 4. Thawing
☐ 5. Raw fruits
☐ 6. Pork cooking
☐ 7. Poultry cooking
☐ 8. Other animal cooking
☐ 9. Least contact Reheating
☐ 10. Food container
☐ 11. Buffet requirements
☐ 12. Self-service condiments
☐ 13. Reserve of food

- ☐ 14. Sneeze guards

- ☐ 15. Transportation of food
☐ 16. Poisonous-Toxic materials

PERSONNEL

- ☐ 17. Exclusion of personnel
☐ 18. Cleanliness
☐ 19. Tobacco use
☐ 20. Handwashing
☐ 21. Handling of dishware

EQUIPMENT/UTENSILS

- ☐ 22. Refrigeration facilities Thermometers
☐ 23. Sinks
☐ 24. Ice storage Counter-protector
☐ 25. Ventilation Storage Sufficient equipment
☐ 26. Dishwashing facilities

- ☐ 27. Design and fabrication

- ☐ 28. Installation and location
☐ 29. Cleanliness of equipment
☐ 30. Methods of washing

SANITARY FACILITIES AND CONTROLS

- ☐ 31. Water supply
☐ 32. Ice
☐ 33. Sewage
☐ 34. Plumbing
☐ 35. Toilet facilities
☐ 36. Handwashing facilities
☐ 37. Garbage disposal
☐ 38. Vermin control

OTHER FACILITIES AND OPERATIONS

- ☐ 39. Other facilities and operations

TEMPORARY FOOD SERVICE EVENTS

- ☐ 40. Temporary food service events

VENDING MACHINES

- ☐ 41. Vending machines

MANAGER CERTIFICATION

- ☐ 42. Manager certification

CERTIFICATES AND FEES

- ☐ 43. Certificates and fees

INSPECTION/ENFORCEMENT

- ☐ 44. Inspection Enforcement

ITEM NUMBERS

COMMENTS AND INSTRUCTIONS
(continue on attached sheet)

	<u>Satisfactory</u>

HEALTH DEPARTMENT INSPECTOR:

Bill Gibson
Katina Young

PHONE:

973-5200

COPY OF REPORT RECEIVED BY:

DATE:

9-27-16

**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 Greenville Elementary School
 ADDRESS 7255 SW Quince Street Ave CITY Greenville
 OWNER M.C.S.B. ZIP 32331
 PERSON IN CHARGE Katrina Young PHONE 850-973-1585

RESULTS

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

BEGIN	END
1042	1100
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

DATE
2 2 17
0 0 0 0 0 0 05
1 1 1 1 1 1 06
2 2 2 2 2 2 07
3 3 3 3 3 3 08
4 4 4 4 4 4 09
5 5 5 5 5 5 10
6 6 6 6 6 6 11
7 7 7 7 7 7 12
8 8 8 8 8 8 13
9 9 9 9 9 9 14

POSITION #
28480
0 0 0 0 0 0 0
1 1 1 1 1 1 1
2 2 2 2 2 2 2
3 3 3 3 3 3 3
4 4 4 4 4 4 4
5 5 5 5 5 5 5
6 6 6 6 6 6 6
7 7 7 7 7 7 7
8 8 8 8 8 8 8
9 9 9 9 9 9 9

CERTIFICATE NUMBER
40-48-00005
0 0 0 0 0 0 0
1 1 1 1 1 1 1
2 2 2 2 2 2 2
3 3 3 3 3 3 3
4 4 4 4 4 4 4
5 5 5 5 5 5 5
6 6 6 6 6 6 6
7 7 7 7 7 7 7
8 8 8 8 8 8 8
9 9 9 9 9 9 9

TYPE
☐ Hospital
☐ Nursing
☐ Detention
☐ Lounge
☐ Civic
☐ Movie
☒ School
☐ Residen.
☐ Child
☐ Limited
☐ Other

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

FOOD SUPPLIES

- ☐ 1. Sources, etc.

FOOD PROTECTION

- ☐ 2. Stored temperature
☐ 3. No further cooking-Rapid cooling
☐ 4. Thawing
☐ 5. Raw fruits
☐ 6. Pork cooking
☐ 7. Poultry cooking
☐ 8. Other animal cooking
☐ 9. Least contact Reheating
☐ 10. Food container
☐ 11. Buffet requirements
☐ 12. Self-service condiments
☐ 13. Reservice of food

- ☐ 14. Sneeze guards
☐ 15. Transportation of food
☐ 16. Poisonous-Toxic materials

PERSONNEL

- ☐ 17. Exclusion of personnel
☐ 18. Cleanliness
☐ 19. Tobacco use
☐ 20. Handwashing
☐ 21. Handling of dishware

EQUIPMENT/UTENSILS

- ☐ 22. Refrigeration facilities Thermometers
☐ 23. Sinks
☐ 24. Ice storage/Counter-protector
☐ 25. Ventilation/Storage/Sufficient equipment
☐ 26. Dishwashing facilities

- ☐ 27. Design and fabrication
☐ 28. Installation and location
☐ 29. Cleanliness of equipment
☐ 30. Methods of washing

**SANITARY FACILITIES
AND CONTROLS**

- ☐ 31. Water supply
☐ 32. Ice
☐ 33. Sewage
☐ 34. Plumbing
☐ 35. Toilet facilities
☐ 36. Handwashing facilities
☐ 37. Garbage disposal
☐ 38. Vermin control

**OTHER FACILITIES
AND OPERATIONS**

- ☒ 39. Other facilities and operations

**TEMPORARY FOOD
SERVICE EVENTS**

- ☐ 40. Temporary food service events

VENDING MACHINES

- ☐ 41. Vending machines

MANAGER CERTIFICATION

- ☐ 42. Manager certification

CERTIFICATES AND FEES

- ☐ 43. Certificates and fees

INSPECTION/ENFORCEMENT

- ☐ 44. Inspection Enforcement

**ITEM
NUMBERS**

COMMENTS AND INSTRUCTIONS
(continue on attached sheet)

37	Clean floor behind fryer.

HEALTH DEPARTMENT INSPECTOR Bill Gibson PHONE 973-5006
 COPY OF REPORT RECEIVED BY Katrina Young DATE 2-2-17

**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 Lee Elementary
 ADDRESS 7731 E US 90 CITY Lee
 OWNER M.C.S.B. ZIP 32055
 PERSON IN CHARGE Matthe Gordie PHONE 560-973-5030

RESULTS

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

BEGIN	END
1025	1037
☐ 00	☐ 00
☐ 05 AM	☐ 05 AM
☐ 10 PM	☐ 10 PM
☐ 15	☐ 15
☐ 20	☐ 20
☐ 25	☐ 25
☐ 30	☐ 30
☐ 35	☐ 35
☐ 40	☐ 40
☐ 45	☐ 45
☐ 50	☐ 50
☐ 55	☐ 55

DATE
9 23 16
☐ 00
☐ 01
☐ 02
☐ 03
☐ 04
☐ 05
☐ 06
☐ 07
☐ 08
☐ 09
☐ 10
☐ 11
☐ 12
☐ 13
☐ 14

POSITION #
28480
☐ 00
☐ 01
☐ 02
☐ 03
☐ 04
☐ 05
☐ 06
☐ 07
☐ 08
☐ 09
☐ 10
☐ 11
☐ 12
☐ 13
☐ 14

CERTIFICATE NUMBER
40-48-00007
☐ 00
☐ 01
☐ 02
☐ 03
☐ 04
☐ 05
☐ 06
☐ 07
☐ 08
☐ 09
☐ 10
☐ 11
☐ 12
☐ 13
☐ 14

TYPE
☐ Hospital
☐ Nursing
☐ Detention
☐ Lounge
☐ Civic
☐ Movie
☒ School
☐ Residen.
☐ Child
☐ Limited
☐ Other

DATE
☐ 00
☐ 01
☐ 02
☐ 03
☐ 04
☐ 05
☐ 06
☐ 07
☐ 08
☐ 09
☐ 10
☐ 11
☐ 12
☐ 13
☐ 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.

FOOD SUPPLIES ☐ 1. Sources, etc. FOOD PROTECTION ☐ 2. Stored temperature ☐ 3. No further cooking Rapid cooling ☐ 4. Thawing ☐ 5. Raw fruits ☐ 6. Pork cooking ☐ 7. Poultry cooking ☐ 8. Other animal cooking ☐ 9. Least contact Reheating ☐ 10. Food container ☐ 11. Buffet requirements ☐ 12. Self-service condiments ☐ 13. Reservice of food	☐ 14. Sneeze guards ☐ 15. Transportation of food ☐ 16. Poisonous Toxic materials PERSONNEL ☐ 17. Exclusion of personnel ☐ 18. Cleanliness ☐ 19. Tobacco use ☐ 20. Handwashing ☐ 21. Handling of dishware EQUIPMENT/UTENSILS ☐ 22. Refrigeration facilities Thermometers ☐ 23. Sinks ☐ 24. Ice storage Counter-protector ☐ 25. Ventilation/Storage/Sufficient equipment ☐ 26. Dishwashing facilities	☐ 27. Design and fabrication ☐ 28. Installation and location ☐ 29. Cleanliness of equipment ☐ 30. Methods of washing SANITARY FACILITIES AND CONTROLS ☐ 31. Water supply ☐ 32. Ice ☐ 33. Sewage ☐ 34. Plumbing ☐ 35. Toilet facilities ☐ 36. Handwashing facilities ☐ 37. Garbage disposal ☐ 38. Vermin control	OTHER FACILITIES AND OPERATIONS ☒ 39. Other facilities and operations TEMPORARY FOOD SERVICE EVENTS ☐ 40. Temporary food service events VENDING MACHINES ☐ 41. Vending machines MANAGER CERTIFICATION ☐ 42. Manager certification CERTIFICATES AND FEES ☐ 43. Certificates and fees INSPECTION/ENFORCEMENT ☐ 44. Inspection/Enforcement
---	--	--	---

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
39	Clean dirt around air vents.

HEALTH DEPARTMENT INSPECTOR Bill Gibson PHONE 973-5040
 COPY OF REPORT RECEIVED BY Matthe R Gordie DATE 9/23/16

**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 Lee Elementary
 ADDRESS 7731 E US 90 CITY Lee
 OWNER M.C. S.B. ZIP 32340
 PERSON IN CHARGE Mattie Gordie PHONE 973-5031

RESULTS

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

BEGIN	END
11:10	11:31
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

DATE
1/18/17
0:0:0:0:05
1:1:1:1:06
2:2:2:2:07
3:3:3:3:08
4:4:4:4:09
5:5:5:5:10
6:6:6:6:11
7:7:7:7:12
8:8:8:8:13
9:9:9:9:14

POSITION #
28450
0:0:0:0:00
1:1:1:1:01
2:2:2:2:02
3:3:3:3:03
4:4:4:4:04
5:5:5:5:05
6:6:6:6:06
7:7:7:7:07
8:8:8:8:08
9:9:9:9:09

CERTIFICATE NUMBER
40-48-00007
0:0:0:0:00
1:1:1:1:01
2:2:2:2:02
3:3:3:3:03
4:4:4:4:04
5:5:5:5:05
6:6:6:6:06
7:7:7:7:07
8:8:8:8:08
9:9:9:9:09

TYPE
☐ Hospital
☐ Nursing
☐ Detention
☐ Lounge
☐ Civic
☐ Movie
☒ School
☐ Residen.
☐ Child
☐ Limited
☐ Other

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

FOOD SUPPLIES ☐ 1. Sources, etc. FOOD PROTECTION ☐ 2. Stored temperature ☐ 3. No further cooking Rapid cooling ☐ 4. Thawing ☐ 5. Raw fruits ☐ 6. Pork cooking ☐ 7. Poultry cooking ☐ 8. Other animal cooking ☐ 9. Least contact Reheating ☐ 10. Food container ☐ 11. Buffet requirements ☐ 12. Self-service condiments ☐ 13. Reserve of food	☐ 14. Sneeze guards ☐ 15. Transportation of food ☐ 16. Poisonous/Toxic materials PERSONNEL ☐ 17. Exclusion of personnel ☐ 18. Cleanliness ☐ 19. Tobacco use ☐ 20. Handwashing ☐ 21. Handling of dishware EQUIPMENT/UTENSILS ☐ 22. Refrigeration facilities Thermometers ☐ 23. Sinks ☐ 24. Ice storage Counter-protector ☐ 25. Ventilation Storage Sufficient equipment ☐ 26. Dishwashing facilities	☐ 27. Design and fabrication ☐ 28. Installation and location ☐ 29. Cleanliness of equipment ☐ 30. Methods of washing SANITARY FACILITIES AND CONTROLS ☐ 31. Water supply ☐ 32. Ice ☐ 33. Sewage ☐ 34. Plumbing ☐ 35. Toilet facilities ☐ 36. Handwashing facilities ☐ 37. Garbage disposal ☐ 38. Vermin control	OTHER FACILITIES AND OPERATIONS ☐ 39. Other facilities and operations TEMPORARY FOOD SERVICE EVENTS ☐ 40. Temporary food service events VENDING MACHINES ☐ 41. Vending machines MANAGER CERTIFICATION ☐ 42. Manager certification CERTIFICATES AND FEES ☐ 43. Certificates and fees INSPECTION/ENFORCEMENT ☐ 44. Inspection Enforcement
---	--	--	--

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
	Satisfactory

HEALTH DEPARTMENT INSPECTOR Bill Giben PHONE 973-5200
 COPY OF REPORT RECEIVED BY Mattie R Gordie DATE 1-18-17

**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 Pineetta Elementary
ADDRESS 135 NE Empress Tree Ave **CITY** Pineetta
OWNER M.C.S.B. **ZIP** 32350
PERSON IN CHARGE Margaret Davis **PHONE** 850 973-1561

RESULTS

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

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

DATE
10/31/16
00/00/00
01/01/01
02/02/02
03/03/03
04/04/04
05/05/05
06/06/06
07/07/07
08/08/08
09/09/09
10/10/10
11/11/11
12/12/12
01/01/13
02/02/14

POSITION #
28480
000000
010101
020202
030303
040404
050505
060606
070707
080808
090909
101010
111111
121212
010101
020202

CERTIFICATE NUMBER
40-48-00011
000000
010101
020202
030303
040404
050505
060606
070707
080808
090909
101010
111111
121212
010101
020202

TYPE
☐ Hospital
☐ Nursing
☐ Detention
☐ Lounge
☐ Civic
☐ Movie
☒ School
☐ Residen.
☐ Child
☐ Limited
☐ Other

DATE
00/00/00
01/01/01
02/02/02
03/03/03
04/04/04
05/05/05
06/06/06
07/07/07
08/08/08
09/09/09
10/10/10
11/11/11
12/12/12
01/01/13
02/02/14
☐ 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.

FOOD SUPPLIES	☐ 14. Sneeze guards	☐ 27. Design and fabrication	OTHER FACILITIES
☐ 1. Sources, etc.	☐ 15. Transportation of food	☐ 28. Installation and location	AND OPERATIONS
FOOD PROTECTION	☐ 16. Poisonous/Toxic materials	☐ 29. Cleanliness of equipment	☐ 39. Other facilities and operations
☐ 2. Stored temperature	PERSONNEL	☐ 30. Methods of washing	TEMPORARY FOOD
☐ 3. No further cooking Rapid cooling	☐ 17. Exclusion of personnel	SANITARY FACILITIES	SERVICE EVENTS
☐ 4. Thawing	☐ 18. Cleanliness	AND CONTROLS	☐ 40. Temporary food service events
☐ 5. Raw fruits	☐ 19. Tobacco use	☐ 31. Water supply	VENDING MACHINES
☐ 6. Pork cooking	☐ 20. Handwashing	☐ 32. Ice	☐ 41. Vending machines
☐ 7. Poultry cooking	☐ 21. Handling of dishware	☐ 33. Sewage	MANAGER CERTIFICATION
☐ 8. Other animal cooking	EQUIPMENT/UTENSILS	☐ 34. Plumbing	☐ 42. Manager certification
☐ 9. Least contact Reheating	☐ 22. Refrigeration facilities Thermometers	☐ 35. Toilet facilities	CERTIFICATES AND FEES
☒ 10. Food container	☐ 23. Sinks	☐ 36. Handwashing facilities	☐ 43. Certificates and fees
☐ 11. Buffet requirements	☐ 24. Ice storage/Counter-protector	☐ 37. Garbage disposal	INSPECTION/ENFORCEMENT
☐ 12. Self-service condiments	☐ 25. Ventilation/Storage Sufficient equipment	☐ 38. Vermin control	☐ 44. Inspection Enforcement
☐ 13. Reserve of food	☐ 26. Dishwashing facilities		

**ITEM
NUMBERS**

COMMENTS AND INSTRUCTIONS
(continue on attached sheet)

10	Food must be stored six inches above floor.

HEALTH DEPARTMENT INSPECTOR

Bill Gibson

PHONE

973-5000

COPY OF REPORT RECEIVED BY

Sandra L. Cole

DATE

10-31-16

**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 Pinetta Elementary
 ADDRESS 135 NE Empress Tree Ave CITY Pinetta
 OWNER MCJB ZIP 32350
 PERSON IN CHARGE Margaret Davis PHONE 929-1567

RESULTS

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

BEGIN	END
1029	1048
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

DATE
9 13 16
0:00:00:05
1:11:11:06
2:22:22:07
3:33:33:08
4:44:44:09
5:55:55:10
6:66:66:11
7:77:77:12
8:88:88:13
9:99:99:14

POSITION #
28480
0:00:00:00
1:11:11:11
2:22:22:22
3:33:33:33
4:44:44:44
5:55:55:55
6:66:66:66
7:77:77:77
8:88:88:88
9:99:99:99

CERTIFICATE NUMBER
40-48-00011
0:00:00:00
1:11:11:11
2:22:22:22
3:33:33:33
4:44:44:44
5:55:55:55
6:66:66:66
7:77:77:77
8:88:88:88
9:99:99:99

TYPE
☐ Hospital
☐ Nursing
☐ Detention
☐ Lounge
☐ Civic
☐ Movie
☒ School
☐ Residen.
☐ Child
☐ Limited
☐ Other

DATE
0:00:00:05
1:11:11:06
2:22:22:07
3:33:33:08
4:44:44:09
5:55:55:10
6:66:66:11
7:77:77:12
8:88:88:13
9:99:99:14

☐ 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.

FOOD SUPPLIES ☐ 1. Sources, etc. FOOD PROTECTION ☐ 2. Stored temperature ☐ 3. No further cooking Rapid cooling ☐ 4. Thawing ☐ 5. Raw fruits ☐ 6. Pork cooking ☐ 7. Poultry cooking ☐ 8. Other animal cooking ☐ 9. Least contact Reheating ☒ 10. Food container ☒ 11. Buffet requirements ☐ 12. Self-service condiments ☐ 13. Reserve of food	☐ 14. Sneeze guards ☐ 15. Transportation of food ☐ 16. Poisonous Toxic materials PERSONNEL ☐ 17. Exclusion of personnel ☐ 18. Cleanliness ☐ 19. Tobacco use ☐ 20. Handwashing ☐ 21. Handling of dishware EQUIPMENT/UTENSILS ☐ 22. Refrigeration facilities Thermometers ☐ 23. Sinks ☐ 24. Ice storage Counter-protector ☐ 25. Ventilation Storage Sufficient equipment ☐ 26. Dishwashing facilities	☐ 27. Design and fabrication ☐ 28. Installation and location ☐ 29. Cleanliness of equipment ☐ 30. Methods of washing SANITARY FACILITIES AND CONTROLS ☐ 31. Water supply ☐ 32. Ice ☐ 33. Sewage ☐ 34. Plumbing ☐ 35. Toilet facilities ☐ 36. Handwashing facilities ☐ 37. Garbage disposal ☐ 38. Vermin control	OTHER FACILITIES AND OPERATIONS ☐ 39. Other facilities and operations TEMPORARY FOOD SERVICE EVENTS ☐ 40. Temporary food service events VENDING MACHINES ☐ 41. Vending machines MANAGER CERTIFICATION ☐ 42. Manager certification CERTIFICATES AND FEES ☐ 43. Certificates and fees INSPECTION/ENFORCEMENT ☐ 44. Inspection/Enforcement
---	--	--	--

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
11	Scoop for confectionary sugar must be placed where handle doesn't contact food.
10	Food in freezer must be stored six inches off floor.

HEALTH DEPARTMENT INSPECTOR: Bill Gibson PHONE: 850-973-5000
 COPY OF REPORT RECEIVED BY: Margaret Davis DATE: 9-13-16
 DH Form 4023, 1/05 (Obsoletes Previous Editions)