

STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT



FOOD SERVICE
INSPECTION REPORT

PURPOSE:

- ROUTINE
- REINSPECTION
- CONSTRUCT
- CHANGE OF OWNER
- COMPLAINT
- CONSULTATION
- QA SURVEY
- OTHER
- OTHER

NAME OF ESTABLISHMENT Browning Pearce Elem
 ADDRESS 100 BEAR BLVD CITY SAN MATEO, FL
 OWNER P.C. Schools ZIP 32187
 PERSON IN CHARGE Christine Newton PHONE (386) 329-0697

RESULTS

Satisfactory
 Incomplete
 Unsatisfactory

Correct Violations by
 Next Inspection
 8:00 AM on:

DATE
00 00 00 05
00 00 00 06
00 00 00 07
00 00 00 08
00 00 00 09
00 00 00 10
00 00 00 11
00 00 00 12
00 00 00 13
00 00 00 14

OUT OF BUSINESS

BEGIN	END	DATE	POSITION	CERTIFICATE NUMBER	TYPE
3:00	3:30	10/19/09	49910	54-48-00051	<input checked="" type="checkbox"/> School
00 00	00 00	00 00 05	00 00 00	00 00 00 00 00	<input type="checkbox"/> Hospital
00 00	00 00	00 00 06	00 00 00	00 00 00 00 00	<input type="checkbox"/> Nursing
00 00	00 00	00 00 07	00 00 00	00 00 00 00 00	<input type="checkbox"/> Detention
00 00	00 00	00 00 08	00 00 00	00 00 00 00 00	<input type="checkbox"/> Lounge
00 00	00 00	00 00 09	00 00 00	00 00 00 00 00	<input type="checkbox"/> Civic
00 00	00 00	00 00 10	00 00 00	00 00 00 00 00	<input type="checkbox"/> Movie
00 00	00 00	00 00 11	00 00 00	00 00 00 00 00	<input checked="" type="checkbox"/> School
00 00	00 00	00 00 12	00 00 00	00 00 00 00 00	<input type="checkbox"/> Residen.
00 00	00 00	00 00 13	00 00 00	00 00 00 00 00	<input type="checkbox"/> Child
00 00	00 00	00 00 14	00 00 00	00 00 00 00 00	<input type="checkbox"/> Limited
00 00	00 00	00 00 14	00 00 00	00 00 00 00 00	<input type="checkbox"/> Other

This report is subject to the provisions of Chapter 64E-11 of the Florida Administrative Code and must be corrected in accordance with the provisions of Chapter 64E-11, Florida Administrative Code and Chapters 38F and 38G of the Florida Statutes. Failure to correct violations by the date and time indicated in the Results section above or an administrative fine or other legal action will be taken.

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

Milk sept 26

DEP wall

DEP

3 comp in wash room (2) 2 comp in food prep + 1 Hand Sink

ITEM NUMBERS: Freezer: 0°F
Fridge: 38°F
Hot Water: 121°F

COMMENTS AND INSTRUCTIONS
 (continue on attached sheet)

- 10 Stored food (out of original packaging) must be dated - corrected at time of inspection.
- 27 Pipes to fire suppression system rust. (2nd notice).
- 22 Hot water refrigerator and freezer not working and not in use. Repair of hot water as required. (2nd notice).

HEALTH DEPARTMENT INSPECTOR: [Signature] PHONE: (386) 326-3267

COPY OF REPORT RECEIVED BY: [Signature] DATE: 10/19/09