

STATE OF FLORIDA DEPARTMENT OF HEALTH COUNTY HEALTH DEPARTMENT



PURPOSE:

- ROUTINE, REINSPECTION, CONSTRUCTIVE, CHANGE OF OWNER, COMPLAINT, CONSULTATION, QA SURVEY, OTHER

FOOD SERVICE INSPECTION REPORT

RESULTS

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

NAME OF ESTABLISHMENT: Interlachen Elem. School
ADDRESS: 251 CR 315 South
CITY: Interlachen, FL
OWNER: P.C.S
ZIP: 32148
PERSON IN CHARGE: Jean Robinson
PHONE: 866 684-2553

Table with columns for DATE and checkboxes for days 01-14.

Table with columns: BEGIN, END, DATE, POSITION #, CERTIFICATE NUMBER, TYPE. Includes handwritten entries like 090209, 82544, 54-48-00055.

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, FOOD PROTECTION, PERSONNEL, EQUIPMENT/UTENSILS, SANITARY FACILITIES AND CONTROLS, OTHER FACILITIES AND OPERATIONS, TEMPORARY FOOD SERVICE EVENTS, VENDING MACHINES, MANAGER CERTIFICATION, CERTIFICATES AND FEES, INSPECTION/ENFORCEMENT

ITEM NUMBERS: 10 ham cubes * need labeled + dated (corrected while insp.)
39 three light bulbs out under hood
All other AREAS Satisfactory as observed
AT time of INSP.
Inspector: X J. Robinson
Date: 10/21/09