

**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 Interden High School  
 ADDRESS 126 N. CR 315 CITY Enterprise, FL  
 OWNER P.C. Schools ZIP 32148  
 PERSON IN CHARGE Kim McElhinn PHONE (386) 684-4452

**RESULTS**

Satisfactory  
 Incomplete  
 Unsatisfactory

Correct Violations by  
 Next Inspection  
 8:00 AM on:

DATE
00 00 00 00 05
00 00 00 00 06
02 02 02 02 07
03 03 03 03 08
04 04 04 04 09
05 05 05 05 10
06 06 06 06 11
07 07 07 07 12
08 08 08 08 13
09 09 09 09 14

OUT OF BUSINESS

BEGIN	END	DATE	POSITION	CERTIFICATE NUMBER	TYPE
12:00 PM	12:45 PM	09/02/09	82544	54-48-00054	<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
02 05 AM	02 05 AM	00 00 00 06	00 00 00 00	00 00 00 00 00	<input type="checkbox"/> Nursing
03 10 PM	03 10 PM	00 00 00 07	00 00 00 00	00 00 00 00 00	<input type="checkbox"/> Detention
04 15	04 15	02 02 02 07	02 02 02 02	02 02 02 02 02	<input type="checkbox"/> Lounge
05 20	05 20	03 03 03 08	03 03 03 03	03 03 03 03 03	<input type="checkbox"/> Civic
06 25	06 25	04 04 09	04 04 04 04	04 04 04 04 04	<input type="checkbox"/> Movie
07 30	07 30	05 05 10	05 05 05 05	05 05 05 05 05	<input checked="" type="checkbox"/> School
08 35	08 35	06 06 11	06 06 06 06	06 06 06 06 06	<input type="checkbox"/> Residen.
09 40	09 40	07 07 12	07 07 07 07	07 07 07 07 07	<input type="checkbox"/> Child
10 45	10 45	08 08 13	08 08 08 08	08 08 08 08 08	<input type="checkbox"/> Limited
11 50	11 50	09 09 14	09 09 09 09	09 09 09 09 09	<input type="checkbox"/> Other
12 55	12 55				

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

ITEM NUMBERS CHIC SAND 1440  
Milk 36 360 sprts

COMMENTS AND INSTRUCTIONS  
 (continue on attached sheet)

10 Bulk storage bins (flour, sugar) need relabeled.  
 All other areas satisfactory at time of insp.

HEALTH DEPARTMENT INSPECTOR: Ande E. Keener PHONE: (386) 326-3267  
 COPY OF REPORT RECEIVED BY: Carolyn Jenkins DATE: 9/02/09  
 DH Form 4023, 1/05 (Obsoletes Previous Editions)