

MAY 15, 09  
LAST inspection

STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
COUNTY HEALTH DEPARTMENT  
FOOD SERVICE  
INSPECTION REPORT



- PURPOSE: 3x year
- ROUTINE
  - REINSPECTION
  - CONSTRUCT.
  - CHANGE OF OWNER
  - COMPLAINT
  - CONSULTATION
  - QA SURVEY
  - OTHER
  - OTHER

NAME OF ESTABLISHMENT James A. Long Elem.  
 ADDRESS 1400 Old Tax. Highway CITY PALATKA, Fla.  
 OWNER Putnam Co. Schools ZIP (32177)  
 PERSON IN CHARGE Prin. m Libby Weaver PHONE (386) 329-0575  
11:10-11:20 Travel F.S. Dir: Anthony C. Hiron (386) 329-0697

**RESULTS**

Satisfactory  
 Incomplete  
 Unsatisfactory

Correct Violations by  
 Next Inspection  
 8:00 AM on:

DATE
00 00 00 00 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

BEGIN	END	DATE	POSITION #	CERTIFICATE NUMBER	TYPE
11:10	11:50	09 02 09	58743	54 48 - 000 56	<input type="checkbox"/> Hospital <input type="checkbox"/> Nursing <input type="checkbox"/> Detention <input type="checkbox"/> Lounge <input type="checkbox"/> Civic <input type="checkbox"/> Movie <input checked="" type="checkbox"/> School/Caf <input type="checkbox"/> Residen. <input type="checkbox"/> Child <input type="checkbox"/> Limited <input type="checkbox"/> Other
1 00	1 00	00 00 00 05	00 00 00 00	00 00 00 00 00	
2 05 AM	2 05 AM	00 00 00 06	00 00 00 00	00 00 00 00 00	
3 10 PM	3 10 PM	00 00 00 07	00 00 00 00	00 00 00 00 00	
4 15	4 15	00 00 00 08	00 00 00 00	00 00 00 00 00	
5 20	5 20	00 00 00 09	00 00 00 00	00 00 00 00 00	
6 25	6 25	00 00 00 10	00 00 00 00	00 00 00 00 00	
7 30	7 30	00 00 00 11	00 00 00 00	00 00 00 00 00	
8 35	8 35	00 00 00 12	00 00 00 00	00 00 00 00 00	
9 40	9 40	00 00 00 13	00 00 00 00	00 00 00 00 00	
10 45	10 45	00 00 00 14	00 00 00 00	00 00 00 00 00	
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.

<input type="checkbox"/> 1. Sources, etc	<input type="checkbox"/> 14. Sneeze guards	<input type="checkbox"/> 27. Design and fabrication	<b>OTHER FACILITIES AND OPERATIONS</b>
<input type="checkbox"/> 2. Stored temperature	<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"/> 3. No further cooking/Rapid cooling	<input type="checkbox"/> 16. Poisonous/Toxic materials	<input type="checkbox"/> 29. Cleanliness of equipment	<b>TEMPORARY FOOD SERVICE EVENTS</b>
<input type="checkbox"/> 4. Thawing	<b>PERSONNEL</b> <u>Hair RESTRAINTS</u>	<input type="checkbox"/> 30. Methods of washing	<input type="checkbox"/> 40. Temporary food service events
<input type="checkbox"/> 5. Raw fruits	<input type="checkbox"/> 17. Exclusion of personnel	<b>SANITARY FACILITIES AND CONTROLS</b>	<b>VENDING MACHINES</b>
<input type="checkbox"/> 6. Pork cooking	<input type="checkbox"/> 18. Cleanliness	<input type="checkbox"/> 31. Water supply <u>City</u>	<input type="checkbox"/> 41. Vending machines
<input type="checkbox"/> 7. Poultry cooking	<input type="checkbox"/> 19. Tobacco use	<input type="checkbox"/> 32. Ice	<b>MANAGER CERTIFICATION</b>
<input type="checkbox"/> 8. Other animal cooking	<input type="checkbox"/> 20. Handwashing	<input type="checkbox"/> 33. Sewage <u>City</u>	<input type="checkbox"/> 42. Manager certification <u>school Travel</u>
<input type="checkbox"/> 9. Least contact/Reheating	<b>EQUIPMENT/UTENSILS</b>	<input type="checkbox"/> 34. Plumbing	<b>CERTIFICATES AND FEES</b>
<input type="checkbox"/> 10. Food container	<input type="checkbox"/> 21. Handling of dishware	<input type="checkbox"/> 35. Toilet facilities	<input type="checkbox"/> 43. Certificates and fees <u>Expire 9/30/09</u>
<input type="checkbox"/> 11. Buffet requirements	<input type="checkbox"/> 22. Refrigeration facilities/Thermometers <u>yes</u>	<input type="checkbox"/> 36. Handwashing facilities	<b>INSPECTION/ENFORCEMENT</b>
<input type="checkbox"/> 12. Self-service condiments	<input type="checkbox"/> 23. Sinks	<input type="checkbox"/> 37. Garbage disposal	<input type="checkbox"/> 44. Inspection/Enforcement
<input type="checkbox"/> 13. Reservice of food	<input type="checkbox"/> 24. Ice storage/Counter-protector	<input type="checkbox"/> 38. Vermin control <u>Do ALL post. control</u>	
	<input type="checkbox"/> 25. Ventilation/Storage Sufficient equipment	<input type="checkbox"/> 26. Dishwashing facilities <u>120°F wash</u>	

ITEM NUMBERS Hittwaipa: 116°F  
ALTO - Sh... = 135°F  
Ch... = 142°F, Bone Br...: 144°F, Rice/Gar...: 134°F  
Hussman = 32°F, Hobart = 35°F, Victory = 45°F

COMMENTS AND INSTRUCTIONS (continue on attached sheet)  
Hobart (chlorine sanitizer - 190ppm)  
(1/2) Part. Fire Exting. unit = Aug 09  
(1/2) Auto. Fire Supply = MAR 09 - Aug 09  
Vollath walk = 370°F - color  
Delivery - during inspection

**Satisfactory** - results for all areas observed today

HEALTH DEPARTMENT INSPECTOR James A. Flowers PHONE (386) 326-3260  
 COPY OF REPORT RECEIVED BY Anthony C. Hiron DATE Sept 2, 2009