

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



~ 633 children

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

NAME OF ESTABLISHMENT Middleton Burney Elem.  
 ADDRESS 1020 Huntington Rd. CITY Crescent City, FL  
 OWNER P.C. Schools ZIP 32112  
 PERSON IN CHARGE Melissa Johnson PHONE (386) 698-2411  
F.S. Mgr Prin: Carolyn Kaltke - office 698-1238

**RESULTS**

Satisfactory  
 Incomplete  
 Unsatisfactory

Correct Violations by  
 Next Inspection  
 8:00 AM on:

| DATE | STATUS |
|------|--------|
| 05   |        |
| 06   |        |
| 07   |        |
| 08   |        |
| 09   |        |
| 10   |        |
| 11   |        |
| 12   |        |
| 13   |        |
| 14   |        |

OUT OF BUSINESS

| BEGIN   | END     |
|---------|---------|
| 10:30   | 12:00   |
| 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     | STATUS |
|----------|--------|
| 09 10 09 |        |
| 05       |        |
| 06       |        |
| 07       |        |
| 08       |        |
| 09       |        |
| 10       |        |
| 11       |        |
| 12       |        |
| 13       |        |
| 14       |        |

| STATUS |
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| 58743  |
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| CATEGORY        | STATUS |
|-----------------|--------|
| 54 - 48 - 00052 |        |
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|                 |        |
|                 |        |
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|                 |        |
|                 |        |

- TYPE**
- Hospital
  - Nursing
  - Detention
  - Lounge
  - Civic
  - Movie
  - School
  - Residen.
  - Child
  - Limited
  - Other

Chapter 61E-11 of the Florida Administrative Code and makes reference to Florida Administrative Code and Chapters 362 and 363 Florida Statutes. The section above or an administrative fine or other legal action will be taken.

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

**ITEM NUMBERS** Hot water 131°F  
ALTOSHAM: 190°F  
Hot water 37°F / 1 pack - no therm. - 400°F / 50°F  
Chicken tender - 151°F

**COMMENTS AND INSTRUCTIONS** (continue on attached sheet)  
Hot water - Chlorine/sanitize + 30 min + 2 exp + Hand sink  
Exting (600) auto. Fire Supp. - MAR 09 - Au  
(No) Auto Fire Exting - July 09 - A

All other items found: Satisfactory at time of inspect Today

HEALTH DEPARTMENT INSPECTOR Linda A. Howell PHONE (386) 326-3209  
 COPY OF REPORT RECEIVED BY Melissa Johnson DATE Sept. 10, 2009