

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

*4x year  
Summer Food program*

NAME OF ESTABLISHMENT Miller Intermediate School  
 ADDRESS 1015 Prospect St. CITY Crescent City, FL  
 OWNER P.C. Schools ZIP 32112  
 PERSON IN CHARGE Marsha Maline PHONE (386) 698-1360

*Kitchen - 698-2227*

BEGIN	END
12:00	12:40
1:00	1:00
2:05	2:05
3:10	3:10
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
09 10 09
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14

POSITION
58743
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CERTIFICATE NUMBER
54-48-00062
05
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TYPE
<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 <i>Cafeteria</i>
<input type="checkbox"/> Residen.
<input type="checkbox"/> Child
<input type="checkbox"/> Limited
<input type="checkbox"/> Other

**RESULTS**

Satisfactory

Incomplete

Unsatisfactory

Correct Violations by

Next Inspection

8:00 AM on:

DATE
05
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14

OUT OF BUSINESS

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>
<b>FOOD PROTECTION</b>	<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	<b>TEMPORARY FOOD SERVICE EVENTS</b>
<input type="checkbox"/> 3. No further cooking/Rapid cooling	<b>PERSONNEL</b>	<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	<b>SANITARY FACILITIES AND CONTROLS</b>	<b>VENDING MACHINES</b>
<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	<b>MANAGER CERTIFICATION</b>
<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	<b>CERTIFICATES AND FEES</b>
<input type="checkbox"/> 9. Least contact/Reheating	<b>EQUIPMENT/UTENSILS</b>	<input type="checkbox"/> 35. Toilet facilities	<input type="checkbox"/> 43. Certificates and fees
<input type="checkbox"/> 10. Food container	<input type="checkbox"/> 22. Refrigeration facilities/Thermometers	<input type="checkbox"/> 36. Handwashing facilities	<b>INSPECTION/ENFORCEMENT</b>
<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"/> 39. Pest control	
	<input type="checkbox"/> 26. Dishwashing facilities		

ITEM NUMBERS: *Hot water: 115°F, Hobart: 140°F/changed, Recrean: 10°F Freezer, Temp guard: 37°F, Pizza: 145°F*

COMMENTS AND INSTRUCTIONS (continue on attached sheet)

*DO ALL CERTS*

*(1) part Fire Exting unit - Aug 07-10*

*(6) Auto Fire Supp Syst - Mar 09 - Expired Aug 07*

*Satisfactory - results for all items observed today during inspection*

HEALTH DEPARTMENT INSPECTOR: David M. Flowers PHONE: (386) 326-3269

COPY OF REPORT RECEIVED BY: Marsha Maline DATE: Sept. 10, 2009