

**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** Price Middle School  
**ADDRESS** 140 N. CR 315 **CITY** Interlachen, FL  
**OWNER** P.C. Schools **ZIP** 32148  
**PERSON IN CHARGE** SARAH CLARK **PHONE** (386) 644-3685

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

OUT OF BUSINESS

BEGIN	END	DATE	POSITION #	CERTIFICATE NUMBER	TYPE
11:20 AM		09 02 09	82544	54-48-00065	<input type="checkbox"/> Hospital
<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> Nursing
<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> Detention
<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> Lounge
<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> Civic
<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> Movie
<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input checked="" type="checkbox"/> School
<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> Residen.
<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> Child
<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> Limited
<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> Other

*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.*

- |  |   |  |  |
|--|---|--|--|
| <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 |  |
| <b>FOOD PROTECTION</b>                                       | <input type="checkbox"/> 16. Poisonous/Toxic materials                | <input type="checkbox"/> 29. Cleanliness of equipment  |  |
| <input type="checkbox"/> 2. Stored temperature               | <b>PERSONNEL</b>  | <input type="checkbox"/> 30. Methods of washing        |  |
| <input type="checkbox"/> 3. No further cooking/Rapid cooling | <input type="checkbox"/> 17. Exclusion of personnel                   | <b>SANITARY FACILITIES AND CONTROLS</b>                | <b>TEMPORARY FOOD SERVICE EVENTS</b>                       |
| <input type="checkbox"/> 4. Thawing                          | <input type="checkbox"/> 18. Cleanliness                              | <input type="checkbox"/> 31. Water supply              | <b>VENDING MACHINES</b>                                    |
| <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                    | <b>CERTIFICATES AND FEES</b>                               |
| <input type="checkbox"/> 7. Poultry cooking                  | <input type="checkbox"/> 21. Handling of dishware                     | <input type="checkbox"/> 34. Plumbing                  | <b>INSPECTION/ENFORCEMENT</b>                              |
| <input type="checkbox"/> 8. Other animal cooking             | <b>EQUIPMENT/UTENSILS</b>   | <input type="checkbox"/> 35. Toilet facilities         | <input type="checkbox"/> 40. Temporary food service events |
| <input type="checkbox"/> 9. Least contact/Reheating          | <input type="checkbox"/> 22. Refrigeration facilities/Thermometers    | <input type="checkbox"/> 36. Handwashing facilities    | <input type="checkbox"/> 41. Vending machines              |
| <input type="checkbox"/> 10. Food container                  | <input type="checkbox"/> 23. Sinks                                    | <input type="checkbox"/> 37. Garbage disposal          | <input type="checkbox"/> 42. Manager certification         |
| <input type="checkbox"/> 11. Buffet requirements             | <input type="checkbox"/> 24. Ice storage/Counter-protector            | <input type="checkbox"/> 38. Vermin control            | <input type="checkbox"/> 43. Certificates and fees         |
| <input type="checkbox"/> 12. Self-service condiments         | <input type="checkbox"/> 25. Ventilation/Storage/Sufficient equipment |  | <input type="checkbox"/> 44. Inspection/Enforcement        |
| <input type="checkbox"/> 13. Reservice of food               | <input type="checkbox"/> 26. Dishwashing facilities                   |  |  |

**ITEM NUMBERS** 39 **COMMENTS AND INSTRUCTIONS** (continue on attached sheet)

61 gaskets under hood (corrected while insp.)

All other items satisfactory at time of inspection.

**HEALTH DEPARTMENT INSPECTOR:** Wanda P. Keener **PHONE:** (386) 326-3267

**COPY OF REPORT RECEIVED BY:** Sarah Clark **DATE:** 9/2/09

SEP 3 2009 PM 3:39