

**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 Q I Roberts
ADDRESS 901 SR 100 **CITY** Melrose Florham
OWNER PUTNAM Co School Board **ZIP** 32666 32140
PERSON IN CHARGE Sharon Dixon **PHONE** (386) 659-1737

RESULTS

Satisfactory
 Incomplete
 Unsatisfactory

Correct Violations by
 Next Inspection
 8:00 AM on:

DATE
0 0 0 0 0 0 0 0 0 5
1 1 1 1 1 1 1 1 1 6
2 2 2 2 2 2 2 2 2 7
3 3 3 3 3 3 3 3 3 8
4 4 4 4 4 4 4 4 4 9
5 5 5 5 5 5 5 5 5 10
6 6 6 6 6 6 6 6 6 11
7 7 7 7 7 7 7 7 7 12
8 8 8 8 8 8 8 8 8 13
9 9 9 9 9 9 9 9 9 14

OUT OF BUSINESS

BEGIN	END	DATE	POSITION	CERTIFICATE NUMBER	TYPE
022	1055	083109	82865	574-48-00141	<input checked="" type="checkbox"/> School
<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> Hospital
<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> Nursing
<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> Detention
<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> Lounge
<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> Civic
<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> Movie
<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input checked="" type="checkbox"/> School
<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> Residen.
<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> Child
<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> Limited
<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> Other
<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	
<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	
<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13	
<input type="checkbox"/> 14	<input type="checkbox"/> 14	<input type="checkbox"/> 14	<input type="checkbox"/> 14	<input type="checkbox"/> 14	

Violate the requirements of Chapter 64E-11 of the Florida Administrative Code and must be corrected. Continued violation of this facility may result in 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	OTHER FACILITIES AND OPERATIONS
FOOD PROTECTION	<input type="checkbox"/> 15. Transportation of food	<input type="checkbox"/> 28. Installation and location	<input type="checkbox"/> 39. Other facilities and operations
<input checked="" type="checkbox"/> 2. Stored temperature	<input type="checkbox"/> 16. Poisonous/Toxic materials	<input type="checkbox"/> 29. Cleanliness of equipment	TEMPORARY FOOD SERVICE EVENTS
<input type="checkbox"/> 3. No further cooking/Rapid cooling	PERSONNEL	<input type="checkbox"/> 30. Methods of washing	<input type="checkbox"/> 40. Temporary food service events
<input checked="" type="checkbox"/> 4. Thawing	<input type="checkbox"/> 17. Exclusion of personnel	SANITARY FACILITIES AND CONTROLS	VENDING MACHINES
<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	MANAGER CERTIFICATION
<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	CERTIFICATES AND FEES
<input type="checkbox"/> 9. Least contact/Reheating	EQUIPMENT/UTENSILS	<input type="checkbox"/> 35. Toilet facilities	<input type="checkbox"/> 43. Certificates and fees
<input checked="" type="checkbox"/> 10. Food container	<input type="checkbox"/> 22. Refrigeration facilities/Thermometers	<input checked="" type="checkbox"/> 36. Handwashing facilities	INSPECTION/ENFORCEMENT
<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. Reserve of food	<input type="checkbox"/> 25. Ventilation/Storage/Sufficient equipment		
	<input checked="" type="checkbox"/> 26. Dishwashing facilities		

COMMENTS AND INSTRUCTIONS
(continue on attached sheet)

ITEM NUMBERS hand

36) No towels supplied at handsink in dishwashing area. (Filled 8-31-09)

39) Other restrooms off of stage area - remove desks to make these restrooms available for use. (NOT Kitchen staff responsibility)

HEALTH DEPARTMENT INSPECTOR: Donald L. Linn PHONE: (386) 326-3267

COPY OF REPORT RECEIVED BY: Sharon Dixon DATE: 8/31/09